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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines BORDER HEALTH FEDERAL PAC 1 1 1 1 612 W. Nolana Suite 340 ADDRESS (number and street) Check if different than previously McAllen ΤX 78504 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00415752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election Х Runoff (30R) Special (30S) General (30G) Report for the: **Termination Report** (TER) in the 02 2010 ΤX 11 Election on State of 10 0 1 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ernie Perez Type or Print Name of Treasurer Electronically Filed by Ernie Perez 04 27 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

A. Form/Schedule: F3XA

Transaction ID:

with regard to contribution made to recipient NRCC on 10/21/2010 reflecting designation receipt as G-2010, intent was to reflect designation receipt as recount 2010.

with regard to recipient marco rubio contribuition after primary election date of 10.15.2010. under separate letter to be forwarded reflect contribution returned to bhpac and to be reflected in the semiannual report of first half of 2011 as refund.

with respect to the following recipients, the designation date should have reflected the check date of 10/26/2010 versus the various check clear dates. (becerra for congress, travis w childers, mr. frank m kratovil, jr., levin for congress, william owens, silvestre reyes, bennie g. thompson, mary jo kilroy, chris van hollen, steven leo driehaus, hon john mckee spratt, jr., g k butterfiedl, mr. michael e. mcmahon, charles, b rangel, a.b. candler, III, & grace napolitano).

with regard to recepient joe linus barton contribution of 10.04.2010, designated P-2010, bhfpac will be requesting refund, per letter to be sent under separate correspondence.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name BORDER HEALTH FEDERAL PAC

FEC Form 3X (Rev. 02/2003)

	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y		899096.58
	(b) Cash on Hand at Begining of Reporting Period	962973.78	
	(c) Total Receipts (from Line 19)	76256.10	346042.48
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1039229.88	1245139.06
7.	Total Disbursements (from Line 31)	168895.65	374804.83
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	870334.23	870334.23
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

м м 1 0 0 1 м°м 1 1 2^D2 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 73061.50 324717.69 (i) Itemized (use Schedule A) 3194.60 21324.79 (ii) Unitemized (iii) TOTAL (add 76256.10 346042.48 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 76256.10 346042.48 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 76256.10 346042.48 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 76256.10 346042.48 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		of Dispursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tills Fellou	Calendar Fear-to-Date
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	6395.65	63704.83
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	6395.65	63704.83
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	162500.00	277500.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
<u>2</u> 5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
-0.	25a. Topaymone Mado		
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	33600.00
Э.	Other Disbursements	0.00	0000.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	400005.05	07/00/00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	168895.65	374804.83
00	Tatal Fada ad Diahama		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	168895.65	374804.83
		100000.00	3, 1004.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	76256.10	346042.48	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	76256.10	346042.48	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6395.65	63704.83	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	6395.65	63704.83	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 149 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers- ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt
Mailing Address 1217 Fullerton		10 18 2010
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.13055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt
Mailing Address 1217 Fullerton		11 18 2010
City	State Zip Code	Transaction ID: SA11AI.13308
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.13056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SURTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13309
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Ricardo Abreu	1	Date of Receipt
Mailing Address 200 E. Xenops		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13058
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
Mailing Address 200 E. Xenops		M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.13311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76304	150.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	750.00

Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr	ements may not be sold or used by any person me and address of any political committee to some sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by any person me and address of any political committee to sold or used by a sold or	Date of Receipt Date of Receipt 1
Juan Aguilera Mailing Address 807 North Cage City		M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date 2750.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 149 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may no the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th			Date of Receipt
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.13061 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed	Occupation		250.00 contribution
Receipt For: Primary General Other (specify) ▼	private inve	ear-to-Date 2500.00	
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th			Date of Receipt 1 1 1 1 8 2 0 1 0
City	Transaction ID: SA11Al.13314		
mcallen FEC ID number of contributing	Amount of Each Receipt this Period		
federal political committee.	C		250.00 contribution
Name of Employer self-employed	Occupation private inve	stor	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Ms Alex Ambriz	•		Date of Receipt
Mailing Address 15253 Heather			10 18 2010
City	State	Zip Code	Transaction ID: SA11AI.13062
Harlingen FEC ID number of contributing federal political committee.	C	78552	Amount of Each Receipt this Period 25.00
Name of Employer Self-employed Occupation private investor		contribution	
Receipt For: Primary General Other (specify)		ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona])		525.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 149 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather			Date of Receipt	
Mailing Address 15253 Heather City Harlingen FEC ID number of contributing	State TX	Zip Code 78552	Transaction ID: SA11AI.13315 Amount of Each Receipt this Period	
federal political committee. Name of Employer self-employed	Occupation private in		25.00 contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00		
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah	-		Date of Receipt 10 18 2010	
City	mcallen TX 78501			
<u>mcallen</u>				
FEC ID number of contributing federal political committee.	250.00			
Name of Employer self-employed	Occupation private in		contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00		
Full Name (Last, First, Middle Initial) Michael Amyx	'		Date of Receipt	
Mailing Address 2108 Mynah			11 18 2010	
City	State	Zip Code	Transaction ID: SA11AI.13316	
mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00	
Name of Employer Self-employed Occupation private investor		contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00		
SUBTOTAL of Receipts This Page (optional)		525.00	

Mailing Address 7004	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Dite of Receipt Dite of Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 7004 N. Cynthia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer State State Zip Code Primary General Other (specify) ▼ N. Cynthia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Date of Receipt In	Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Transaction ID: SA11AI.13317 Amount of Each Receipt this Period 125.00
Date of Receipt Mailing Address 7004 N. Cynthia City State Zip Code Transaction ID: SA11Al.13318 Amount of Each Receipt this Period EC Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11Al.13318 Amount of Each Receipt this Period Cocupation physician Aggregate Year-to-Date ▼ 2750.00	Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13064 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13318 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per e name and address of any political committee	
Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvc City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M J 18 2010 Transaction ID: SA11AI.13320 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M J J B J Z D J D Z Z D J D Z D Z D Z D D Z D Z
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date ▼ 1375.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		275.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 149 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6	Olds 7's Olds	10 18 2010
	City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.13073 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
 3.	Full Name (Last, First, Middle Initial) Murphy Badiga	Date of Receipt	
	Mailing Address 1503 S. Airport suite 6		11 1 18 2010
	City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.13322
	FEC ID number of contributing federal political committee.	C 76390	Amount of Each Receipt this Period 400.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	
_	Full Name (Last, First, Middle Initial) Ms Susan Bajus		Date of Receipt
	Mailing Address 5705 North 4th	10 18 2010	
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.13074 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70304	50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SURTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	
Full Name (Last, First, Middle Initial) Ms Susan Bajus Mailing Address 5705 North 4th City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private in Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lan City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physiciar		Date of Receipt M M M / D D N 2 0 1 0 Transaction ID: SA11AI.13075 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lan City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physiciar		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse and address of any political committee to	
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
Mr. Marcos Barrera Mailing Address 3000 Yellowhammer		Date of Receipt 1 1 1 8 2 0 1 0
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.13325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76304	125.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio		10 18 2010
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.13076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13326
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional) .		625.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 149 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal		Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13106
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara	1	Date of Receipt
Mailing Address 121 Cardinal		11 / 18 / 2010
City	State Zip Code	Transaction ID: SA11AI.13327
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
Mailing Address 2804 Santa Ana		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13107
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2500.00	
SURTOTAL of Receipts This Page (optional)		1050.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		11 18 2010
	City	State Zip Code	Transaction ID: SA11AI.13328
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2750.00	
_	Full Name (Last, First, Middle Initial) Sarojini Bose	I	Date of Receipt
	Mailing Address 7007 N 1st Lane	10 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11Al.13108
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
_	Full Name (Last, First, Middle Initial) Sarojini Bose	1	Date of Receipt
	Mailing Address 7007 N 1st Lane		1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13329
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
	SUBTOTAL of Receipts This Page (optional)	1	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 149 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements man name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
/	Full Name (Last, First, Middle Initial)			
	Francisco Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.13109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00]
	Full Name (Last, First, Middle Initial) Francisco Bracamontes	Date of Receipt		
	Mailing Address 2005 Cimarron Court	11 18 2010		
	City	State	Zip Code	Transaction ID: SA11AI.13330
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2750.00	
	Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes			Date of Receipt
	Mailing Address 2005 Cimarron Court			10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13110
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 contribution
	Name of Employer selfemployed Receipt For:	Occupatio physiciar	1	- Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
_	SUBTOTAL of Receipts This Page (optional)			550.00

SCHEDULE A (I	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 149 (check only one) X
or for commercial purpos NAME OF COMMITT	ses, other than using the na	ements may me and ado	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
BORDER HEALTI Full Name (Last, First				1
Dr. Yvonne Bracamont	es			Date of Receipt
Mailing Address 20	005 Cimarron Court			11 18 2010
City		State	Zip Code	Transaction ID: SA11AI.13331
Mission FEC ID number of co federal political comm		C	78572	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed		Occupation physician		contribution
Receipt For: Primary Other (specify)	General ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First Robert Brace	t, Middle Initial)			Date of Receipt
Mailing Address 20	000 N. 8th Street	10 18 2010		
City		State	Zip Code	Transaction ID: SA11AI.13111
<u>mcallen</u>		TX	78501	Amount of Each Receipt this Period
FEC ID number of co federal political comm		С		400.00
Name of Employer self-employed		Occupation physician		- contribution
Receipt For:	0	Aggregate	Year-to-Date ▼	
Other (specify)	General ▼		2650.00	
Full Name (Last, First Robert Brace				Date of Receipt
Mailing Address 20	000 N. 8th Street			1 1 1 8 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.13332
<u>mcallen</u>		TX	78501	Amount of Each Receipt this Period
FEC ID number of co federal political comm		C		400.00 contribution
Name of Employer self-employed		Occupation physician	_	Contribution
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 3050.00	
SUBTOTAL of Receipt	s This Page (optional)			850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/149 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone			Date of Receipt
Mailing Address 429 Umar			10 18 2010
City	State	Zip Code	Transaction ID: SA11AI.13113
McAllen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 200.00
Name of Employer self-employed	Occupation	n	contribution
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Desi Canals			Date of Receipt
Mailing Address 1912 Trinity	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mission	State TX	Zip Code 78574	Transaction ID: SA11AI.13114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70074	25.00
Name of Employer Self employed	Occupation physician		contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Desi Canals			Date of Receipt
Mailing Address 1912 Trinity			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City Mission	State TX	Zip Code	Transaction ID: SA11AI.13334
FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period 25.00
Name of Employer Self employed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional			250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 149 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City	State	Zip Code	Date of Receipt M M
	mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 400.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupatio private in Aggregate		contribution
	Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road	Date of Receipt 10 18 2010		
	City	State	Zip Code	Transaction ID: SA11AI.13118
	<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2650.00	
	Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.13338
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed	Occupatio physiciar	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3050.00]
Γ,	SUBTOTAL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16		
NAME OF COMMITTEE (In F	Full)	l y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
BORDER HEALTH FEDE					
Full Name (Last, First, Middle Jose Carreras Mailing Address 1016 E. C	, 		Date of Receipt		
City	State	Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13119		
mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period 400.00		
Name of Employer self-employed	Occupation physician		contribution		
Receipt For: Primary Gener Other (specify) ▼		e Year-to-Date ▼ 2650.00			
Full Name (Last, First, Middle Jose Carreras	, 		Date of Receipt		
Mailing Address 1016 E. (Mailing Address 1016 E. Griffin Parkway				
City	State	Zip Code	Transaction ID: SA11AI.13339		
mission	TX	78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer self-employed	Occupation physician	1	contribution		
Receipt For: Primary Gener Other (specify) ▼		e Year-to-Date ▼ 3050.00			
Full Name (Last, First, Middle Marissa Castaneda	Initial)		Date of Receipt		
Mailing Address 5021 Elk Lane	Olate	7: 0.1	10 18 2010		
City <u>Edinburg</u>	State TX	Zip Code 78539	Transaction ID: SA11AI.13120 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			50.00		
Name of Employer self-employed	Occupation private in		contribution		
Receipt For: Primary Gener Other (specify) ▼		e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Pa	age (optional)		850.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 149 (check only one) X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78539	Date of Receipt 1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13340 Amount of Each Receipt this Period 50.00 contribution
	Name of Employer self-employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	private in		
	Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.13121
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13341
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
e.	JBTOTAL of Receipts This Page (optional)			550.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Norma Cavarose Salas Mailing Address 2301 N, Bryan Road City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Norma Cavarose Salas Mailing Address 2301 N, Bryan Road City Tansaction ID: SA11AI, 13122 Amount of Each Receipt this Period Primary General Other (specify) ▼ 2500.00 City State Zip Code TX 78572 FEI Name (Last, First, Middle Initial) Norma Cavarose Salas Mailing Address 2301 N, Bryan Road City State Zip Code TX 78572 FEI D number of contributing federal political committee. C 250.00 City State Zip Code TX 78572 FEI Name (Last, First, Middle Initial) Rocapt For: Primary General Other (specify) ▼ 250.00 FUI Name (Last, First, Middle Initial) Rocapt For: State	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Norma Cavazoo Salas Mailing Address 2301 N. Bryan Road City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer soft-employer and the soft soft soft soft soft soft soft soft	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 2301 N. Bryan Road City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer Seriemployed Primary General Other (specify) ▼ State Zip Code TX 78591 Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City State Zip Code TX 78591 Date of Receipt Ton: Primary General Other (specify) ▼ State Zip Code TX 78591 Date of Receipt Ton: Name of Employer Suite 1 Date of Receipt Ton: Name of Employer Suite 1 Date of Receipt Ton: Name of Employer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Date of Receipt Ton: Name of Engloyer Suite 1 Aggregate Year-to-Date Tansaction ID: SA11AI.13123 Amount of Each Receipt this Period Cocupation physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Tansaction ID: SA11AI.13123	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Transaction ID: SA11AI.13122 Amount of Each Receipt this Period 250.00
R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City State Zip Code Weslaco TX 78591 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Capture of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13342 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78591 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13123 Amount of Each Receipt this Period 125.00
	SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street		Date of Receipt
suite 1	Olate 7's Orde	11 18 2010
City weslaco	State Zip Code TX 78591	Transaction ID: SA11AI.13343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Mr. Roel Contreras		Date of Receipt
Mailing Address 1609 Harvey		10 18 2010
City McAllen	State Zip Code TX 78501	Transaction ID: SA11AI.13124
FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Mr. Roel Contreras		Date of Receipt
Mailing Address 1609 Harvey		1 1 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78501	Transaction ID: SA11AI.13344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 149 (check only one) X
, C	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street	ouito 7		Date of Receipt
	Maining Address 1801 South Still Stilleet	Suite /		10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13125
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employee	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00]
	Full Name (Last, First, Middle Initial) Dr. Virah Cooper	1		Date of Receipt
	Mailing Address 1801 South 5th Street	suite 7		1 1 1 1 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13345
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 contribution
	Name of Employer self-employee	Occupation physiciar		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	
_	Full Name (Last, First, Middle Initial) Diana Cortinas	1		Date of Receipt
	Mailing Address 1400 Northgate Lane			10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13127
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar	1	contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2028.62	
Γ	SUBTOTAL of Receipts This Page (optional)	1		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may ne name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
Mailing Address 1400 Northgate Lane City	State	Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13347
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2278.62	
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane			Date of Receipt 10 18 2010
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2071.22	
Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
Mailing Address 1224 Northgate Lane			11 1 8 2010
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2321.22	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11Al.13129
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Javier Cortinas	.l	Date of Receipt
Mailing Address 1400 Northgate		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.13349
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00]
Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
Mailing Address 1225 E Peking		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13132
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		650.00

FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 149 (check only one)
any information copied from such Reports and S r for commercial purposes, other than using the	tatements may	not be sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	mame and add	areas or any political committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Darling			Date of Receipt
Mailing Address 1225 E Peking			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13352
mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 150.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado			Date of Receipt
City	State	Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13136
mission	TX	78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼	. ' '	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) David Deanda			Date of Receipt
Mailing Address 2408 Dorado			1 1 1 8 2 0 1 0
City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.13356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76574	250.00
Name of Employer self-employed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)			650.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	BORDER HEALTH FEDERAL PAC		
۹.	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana		Date of Receipt
	Mailing Address 1105 Zinnia		10 18 2010
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.13134 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana	1	Date of Receipt
	Mailing Address 1105 Zinnia		11 18 2010
	City McAllen	State Zip Code	Transaction ID: SA11AI.13354
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1125.00	
 ;.	Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
	Mailing Address 120 Condor		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.13135
	FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
	SUPTOTAL of Possints This Page (entianal)		500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 149 (check only one)
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	io name and ade	need of any political committee to	y solicit contributions from such committees.
Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
Mailing Address 120 Condor			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt 10 18 2010
City Mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Luis Delgado, Jr.			Date of Receipt
Mailing Address 5128 N. 10th			1 1 1 8 2 0 1 0
City Mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (optional)			550.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 149 (check only one) X
or for c	ormation copied from such Reports and sommercial purposes, other than using the ME OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full	Name (Last, First, Middle Initial) Ted Disque			Date of Receipt
Mail	ling Address 501 Iris			10 / 18 / 2010
City <u>Mc</u>	Allen	State TX	Zip Code 78501	Transaction ID: SA11AI.13138 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		25.00
Nam self	ne of Employer employed	Occupation private in		contribution
Rec	eipt For: Primary General Other (specify)	_ ' ' ' 	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Ted Disque			Date of Receipt
Mail	ling Address 501 Iris			1 1 1 8 2 0 1 0
City	,	State	Zip Code	Transaction ID: SA11AI.13358
<u>Mc</u>	Allen	TX	78501	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		25.00
Nam self	ne of Employer employed	Occupation private in		contribution
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		275.00	
	Name (Last, First, Middle Initial)			Date of Receipt
Mail	ling Address 1615 Palazzo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.13139
	ssion	TX	78572	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		400.00 contribution
	ne of Employer employed	Occupation physiciar		Contribution
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2650.00]
CLIDIT	OTAL of Receipts This Page (optional) .	•		450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 149 (check only one) X 11a
0	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and addi	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo City	State	Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13359
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 3050.00	
. –	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo	1		Date of Receipt
	Mailing Address 2411 Durango Drive			10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13140
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private inv		contribution
	Receipt For:	Aggregate `	Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo			Date of Receipt
	Mailing Address 2411 Durango Drive			1 1 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13360
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 contribution
	Name of Employer selfemployed	Occupation private inv	vestor	
	Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional) .			450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar			Date of Receipt
	Mailing Address 108 Yellow Hammer			10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13141
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ 3.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar			Date of Receipt
	Mailing Address 108 Yellow Hammer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13361
	<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
_).	Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt
, .	Mailing Address 136 W. Yucca			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13142
	mcallent	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2500.00	
Γ				350.00
	SUBTOTAL of Receipts This Page (optional)		<u>)</u>	350.00
	TOTAL This Period (last page this line number	only)		· L

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 149 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
	City mcallent	State Zip Code TX 78504	Transaction ID: SA11AI.13362 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution
	Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt 10 18 2010
	City	State Zip Code	Transaction ID: SA11AI.13143
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
_	Full Name (Last, First, Middle Initial) Maria Elena Falcon	1	Date of Receipt
	Mailing Address 2212 Westway		1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13363
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any peen and address of any political committee	
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar S City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar S City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		450.00

Any information copied from such Reports and Statements may not be add or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Marco Flores Malling Address 320 Primrose City State Zip Code Transaction ID: SA11AL 13365 Amount of Each Receipt his Period Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Me Meliesa P Flores Malling Address 4420 East Mile 17 1/2 City State Zip Code Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Tx 78542 FEC ID number of contributing federal political committee. C City State Zip Code Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13366 Amount of Each Receipt his Period Transaction ID: SA11AL 13347 Transaction ID: SA11AL 13347 Transaction ID: SA11AL 13347 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. C Sound of Each Receipt his Period FEC ID number of contributing federal political committee. C Sound of Each Receipt his Period Transaction ID: SA11AL 13347 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Name of Employer Private investor Receipt For: Private investor Aggregate Year-to-Date ▼ Private investor Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt his Period Transaction	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 320 Primrose City State Zip Code TX 78594 Receipt FC: ID number of contributing lederal political committee. FEI IN arme (Last, First, Middle Initial) Mas Meissa 7 Primary General Occupation TX 78542 FIJI Name (Last, First, Middle Initial) Name of Employer Self-employer Self-employer Self-employer Primary General City State Zip Code TX 78542 FOR Uniform TX 78542 FOR Uniform TX 78542 FEI IN arme (Last, First, Middle Initial) Mas Meissa P- Fores Mailing Address 4420 East Mile 17 1/2 City State Zip Code TX 78542 FEI IN arme (Last, First, Middle Initial) Name of Employer Self-employer Primary General Occupation private investor Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City State Zip Code TX 78504 FEI IN arme (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City State Zip Code TX 78504 FEI IN arme (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City State Zip Code TX 78504 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11Al: 13366 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al: 13366 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al: 13366 Amount of Each Receipt this Period Countribution	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2 City State Zip Code Edinburg TX 78542 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code TX 78542 Amount of Each Receipt this Period Couptation Private investor Aggregate Year-to-Date ▼ Transaction ID: SA11Al.13366 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.13366 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.13366 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt this Period Transaction ID: SA11Al.13147 Amount of Each Receipt this Period Edin Date of Receipt this Period Transaction ID: SA11Al.13147 Amount of Each Receipt in SA11Al.13147 Amount of Each Re	Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Transaction ID: SA11AI.13365 Amount of Each Receipt this Period 250.00
Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City State Zip Code McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 325 00	Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2 City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78542 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13366 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)	Mr. Raymond Franklin Mailing Address 3212 Nightingale Cour City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date	Transaction ID: SA11AI.13147 Amount of Each Receipt this Period 50.00
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	325.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee t	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Cour	t	Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13367
<u>McAllen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Elvin Garcia	1	Date of Receipt
Mailing Address 2800 Santa Teresa		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13149
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.13369
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional)	I	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Nancy Garcia Mailing Address 1409 Dora Jeanne Dr City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	>	520.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 800.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Or pr	State Zip Code TX 78557 Cupation ivate investor	Date of Receipt Date of Receipt
Ms Anna Garza Mailing Address 3212 S Boyce Circle City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Coupation ivate investor	Transaction ID: SA11AI.13154 Amount of Each Receipt this Period 25.00
	ggregate Year-to-Date ▼ 250.00	
Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed pr	State Zip Code TX 78557 Cocupation ivate investor ggregate Year-to-Date 275.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Or ph	State Zip Code TX 78539 Cocupation nysician ggregate Year-to-Date 400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		•

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(separate schedule) for each category of the Detailed Summary Page	(cricer only only)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
	Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
	City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11Al.13155
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	·
_	Full Name (Last, First, Middle Initial) Rene Garza	<u> </u>	Date of Receipt
	Mailing Address 5404 N. 1st street		M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13377
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo		Date of Receipt
	Mailing Address 2311 Silvardo North		10 18 2010
	City Palmhurst	State Zip Code TX 78539	Transaction ID: SA11AI.13153 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation self-employee physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		625.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11Al.13373
Palmhurst	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt
Mailing Address 3900 Sundown Drive		10 18 2010
City	State Zip Code	Transaction ID: SA11Al.13156
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2650.00	
Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt
Mailing Address 3900 Sundown Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13378
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3050.00]
SUBTOTAL of Receipts This Page (optional)		925.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee	
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City	State Zip Code	Date of Receipt 10 18 2010 Transaction ID: SA11AI.13157
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1980.43	
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze	·	Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.13379
FEC ID number of contributing federal political committee.	C 76572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2230.43	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13158
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	•	600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 149 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)		
•	Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City <u>McAllen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.13380 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
_	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		10 18 7 2010
	City	State Zip Code	Transaction ID: SA11AI.13159
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		1 1 1 8 2 0 1 0
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.13381 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional) .		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	•	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date 275.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 1 0 Transaction ID: SA11AI.13388 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Aida Gonzalez Mailing Address 311 E. Davis City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2457.69	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· • • • • • • • • • • • • • • • • • • •	295.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13386 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jaime Gonzalez	2707.69	Date of Receipt
Mailing Address 3511 Plazas del Lago City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>edinburg</u>	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Jaime Gonzalez		Date of Receipt
Mailing Address 3511 Plazas del Lago		11 18 2010
City edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.13387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 149 (check only one) X
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u>J</u>	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood			Date of Receipt 1 0 1 8 2 0 1 0
<u>v</u>	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.13161 Amount of Each Receipt this Period
fe _	EC ID number of contributing ederal political committee. Jame of Employer self-employed	Occupatio		250.00 contribution
_	Receipt For: Primary General Other (specify)	physician Aggregate	e Year-to-Date ▼ 2500.00	
J	Full Name (Last, First, Middle Initial) luan Gonzalez-Dickson Mailing Address 1501 Meadwood			Date of Receipt
C	Dity	State	Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13383
	veslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N s	Name of Employer self-employed	Occupation physician		contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
V	Full Name (Last, First, Middle Initial) /erley Gordon //ailing Address 1700 E. Mile 3 Road			Date of Receipt 10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13167
F	mission FEC ID number of contributing ederal political committee.	C	78574	Amount of Each Receipt this Period 250.00
N s	lame of Employer selfemployed	Occupation physician		contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2491.47	
SUI	BTOTAL of Receipts This Page (optional)		.	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 149 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ratements may not be sold or used by any pers name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
	Ctata Zin Cada	11 18 2010
City mission	State Zip Code TX 78574	Transaction ID: SA11AI.13389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2741.47	
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13168
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2500.00	
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13390
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	
SUBTOTAL of Receipts This Page (optional)		900.00

ITEMIZED REC	FEC Form 3X) EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 149 (check only one)
Any information copied or for commercial purpo	rom such Reports and Statements ses, other than using the name and	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT	-		
Full Name (Last, First	t, Middle Initial)		Date of Receipt
	01 S. Broadway		M M / D D / Y Y Y Y Y 1 1 0 1 8 2 0 1 0
City	State	'	Transaction ID: SA11AI.13170
Mcallen FEC ID number of c federal political comm		78501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupa physic		contribution
Receipt For: Primary Other (specify)	Aggrec General	gate Year-to-Date ▼ 400.00	
Full Name (Last, First Daniel Guerra	t, Middle Initial)		Date of Receipt
Mailing Address 1	01 S. Broadway		1 1 1 8 2 0 1 0
City Mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.13393
FEC ID number of c federal political comr	ontributing	76501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupa physic		contribution
Receipt For: Primary Other (specify)	General Aggrec	gate Year-to-Date ▼ 800.00	
Full Name (Last, Fire	t, Middle Initial)		Date of Receipt
-	105 Forest Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.13171
FEC ID number of c federal political comr	ontributing	76372	Amount of Each Receipt this Period 100.00
Name of Employer selfemployed	Occupa physic		contribution
Receipt For: Primary Other (specify)	General Aggreg	gate Year-to-Date 1000.00	
SUBTOTAL of Possin	ts This Page (optional)		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date 2500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13395 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
\ C	ony information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
	Mailing Address 1402 E. 8th Street		10 18 2010
	City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.13173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2259.52	
_	Full Name (Last, First, Middle Initial) Rodolfo Guerrero	I.	Date of Receipt
	Mailing Address 1402 E. 8th Street		1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13396
	weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2509.52	
_	Full Name (Last, First, Middle Initial) Alberto Gutierrez	<u> </u>	Date of Receipt
	Mailing Address 6020 Wisconsin		10 18 2010
	City edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.13175
	FEC ID number of contributing federal political committee.	C 76559	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Γ	SURTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 149 (check only one) X 11a 11b 11c 12 15 16 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date 2500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date 2900.00	Date of Receipt M M 18 2010 Transaction ID: SA11AI.13399 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)		900.00

City mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer selfemployed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Miguel Guiterez Mailing Address 224 Lindberg City mcallen TX 78501 FEC ID number of contributing federal political committee. City Transaction ID: SA11Al.13177 Amount of Each Receipt this Period contribution Contribution Date of Receipt Ty Transaction ID: SA11Al.13400 Transaction ID: SA11Al.13400 Amount of Each Receipt this Period Ty Transaction ID: SA11Al.13400 Transaction ID: SA11Al.13400 Transaction ID: SA11Al.13400 Amount of Each Receipt this Period Ty Transaction ID: SA11Al.13400 Tr	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 224 Lindberg City mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Selfemployed Other (specify) ▼ Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen TX 78501 For in a Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen TX 78501 FEC ID number of contributing federal political committee. City mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Selfemployed Other (specify) ▼ Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P,O, Box 720235 City McAllen TX 78504 FEC ID number of contributing federal political committee. City State Zip Code Ty Transaction ID: SA11A1.13170 Date of Receipt Ty Tansaction ID: SA11A1.13170 Date of Receipt Ty Tansaction ID: SA11A1.13170 Tansaction I	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 224 Lindberg City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployer General Other (specify) ▼ City State Zip Code TX 78501 Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235 City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City Ame of Employer Selfemployer In Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation physician assistant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Tip Code TY TY YY	Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Transaction ID: SA11AI.13177 Amount of Each Receipt this Period 250.00
Anna Lisa Guzman Mailing Address P.O. Box 720235 City State Zip Code McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.13178 Amount of Each Receipt this Period Coccupation physician assistant Aggregate Year-to-Date ▼ 500.00	Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13400 Amount of Each Receipt this Period 250.00
550.00	Anna Lisa Guzman Mailing Address P.O. Box 720235 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician assistant Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13178 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	·····	550.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) DER HEALTH FEDERAL PAC	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Anna Li Mailing City McAlle FEC ID federal Name of selfemy Receipt	number of contributing political committee. of Employer ployed		Zip Code 78504 n assistant Year-to-Date ▼ 550.00	Date of Receipt M M
Dr. Edw Mailing City Penita FEC ID federal Name of self-em Receipi	number of contributing political committee. of Employer aployee	State TX C Occupation physician		Date of Receipt M M M
Dr. Edw Mailing City Penita FEC ID federal Name of self-em Receipi	number of contributing political committee. of Employer aployee	State TX C Occupation physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOT	AL of Receipts This Page (optional)			150.00

City mcallen TX 78503 FEC ID number of contributing federal political committee. Name of Employer selfemployed Primary General Other (specify) ▼ City State Zip Code TX 78503 Amount of Each Receipt this Potential State Stat	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer Seneral Other (specify) ▼ City State Zip Code TX 78503 Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South FEC ID number of contributing federal political committee. City State Zip Code TX 78503 FEC ID number of contributing federal political committee. City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer selfemployer Solution Primary General Other (specify) ▼ FULL Name (Last, First, Middle Initial) TX 78503 Date of Receipt TX 78503 Date of Receipt TX 78503 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Contribution Date of Receipt TX 78503 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Contribution Date of Receipt TX 78503 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Typinary General Other (specify) ▼ Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Transaction ID: SA11A1.134 Transaction ID: SA11A1.134 Transaction ID: SA11A1.134 Transaction ID: SA11A1.134 Amount of Each Receipt this P4 Transaction ID: SA11A1.134 Tr	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General Other (specify) ▼ City State Zip Code TX 78503 C C Transaction ID: SA11AI.134 Amount of Each Receipt this Pe contribution Date of Receipt Tone of Employer selfemployed Contribution Date of Receipt Transaction ID: SA11AI.134 Amount of Each Receipt this Pe contribution Date of Receipt Transaction ID: SA11AI.134 Amount of Each Receipt this Pe contribution Date of Receipt Transaction ID: SA11AI.131 Amount of Each Receipt Transaction ID: SA11AI.131 City State Zip Code Tx 78501 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe C Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each Receipt this Pe Transaction ID: SA11AI.131 Amount of Each	Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sou City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13180 Amount of Each Receipt this Period 400.00
Thomas Hausle Mailing Address 701 South J City State Zip Code Transaction ID: SA11AI.131 McAllen TX 78501 Amount of Each Receipt this Perfect and political committee. Name of Employer selfemployed Receipt For: Primary General Date of Receipt TY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sou City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	Transaction ID: SA11AI.13403 Amount of Each Receipt this Period 400.00
	Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13181 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .		875.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 149 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13404
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	825.00	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13182
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1129.55	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13405
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer self-employed	Occupation private investor	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1229.55	
SUBTOTAL of Receipts This Page (optional)		275.00

SCHEDULE /	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 149 (check only one) X
or for commercial pu	rposes, other than using the	atements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Blake Hensler	First, Middle Initial) 3414 Pricess Street			Date of Receipt M
City Edinburg		State TX	Zip Code 78539	Transaction ID: SA11AI.13183 Amount of Each Receipt this Period
FEC ID number of federal political co	ommittee.	C		25.00 contribution
Receipt For: Primary Other (spec	General	Occupation private in Aggregate]
Mr. Blake Hensler	First, Middle Initial) 3414 Pricess Street			Date of Receipt 1 1 1 8 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.13406
Edinburg		TX	78539	Amount of Each Receipt this Period
FEC ID number of federal political co		C		25.00
Name of Employed self-employed	r	Occupation private in		contribution
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 275.00	
Full Name (Last, Ms Monica Hensle Mailing Address	First, Middle Initial) r 3414 Princess Street			Date of Receipt 1 0 1 8 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.13184
Edinburg FEC ID number of federal political co		C	78539	Amount of Each Receipt this Period 25.00
Name of Employed selfemployed	ir	Occupation private in		contribution
Receipt For: Primary Other (spec	General of the control of the contr	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Poo	eipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13407
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez	1	Date of Receipt
Mailing Address 2000 Dana		M M / D D / Y Y Y Y Y Y 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13185
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez	I	Date of Receipt
Mailing Address 2000 Dana		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13409
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	2750.00	
		525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Driv	/P	Date of Receipt
#40 Villas Jardin	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11Al.13186
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2500.00	contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Driv #40 Villas Jardin	ve	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13408
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>pharr</u>	State Zip Code TX 78577	Transaction ID: SA11AI.13187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 149 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11Al.13392
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13188
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	234.70 contribution
Name of Employer self-employee	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1524.69	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13410
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	234.70 contribution
Name of Employer self-employee	Occupation physician	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	1759.39	
SUBTOTAL of Receipts This Page (optional)		719.40

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia			Date of Receipt
	Mailing Address 5600 North Cynthia			10 18 2010
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.13189
	FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period 50.00
	Name of Employer self-employee	Occupation		contribution
	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 400.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia	1		Date of Receipt
	Mailing Address 5600 North Cynthia			1 1 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.13411
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 contribution
	Name of Employer self-employee	Occupation physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
_ С.	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt
	Mailing Address 204 Rio Grande			10 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.13190
	mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			350.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) A.	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt
Α.	Mailing Address 204 Rio Grande			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.13412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	contribution
	Primary General Other (specify) ▼	- Iggiogato	2750.00	
В.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke Mailing Address 505 East Newport Lan	ne		Date of Receipt
	City	State	Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13191
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. Norma Iglesias	<u> </u>		Date of Receipt
	Mailing Address 712 S. Cage			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13193
	Pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 400.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1		775.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date 800.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 149 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 149 (check only one) X
Any information copied from sign or for commercial purposes, of NAME OF COMMITTEE (I BORDER HEALTH FE	her than using the name and a n Full)	ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mide Gauri Kanhere			Date of Receipt
Mailing Address 2548 P	alm Circle		11 1 18 2010
City	State	Zip Code	Transaction ID: SA11AI.13418
rio grande city FEC ID number of contribu federal political committee.	ting C	78582	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupati physicia		contribution
Receipt For: Primary Ge Other (specify) ▼		te Year-to-Date ▼ 2750.00	
Full Name (Last, First, Mide Gholam Kiani	dle Initial)		Date of Receipt
Mailing Address 213 e.	Xenops		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13198
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		250.00
Name of Employer selfemployed	Occupati physicia		contribution
Receipt For:		te Year-to-Date ▼	
Primary Ge Other (specify) ▼	neral	2500.00	
Full Name (Last, First, Mide Gholam Kiani	dle Initial)		Date of Receipt
Mailing Address 213 e.	Xenops		M M / D D / Y Y Y Y Y Y 1 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13420
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		250.00 contribution
Name of Employer selfemployed	Occupati physicia	an	Contribution
Receipt For: Primary Ge Other (specify) ▼	Aggrega neral	te Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2750.00	Date of Receipt M M 18 2010 Transaction ID: SA11AI.13421 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physcian Aggregate Year-to-Date 2500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /2/149 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Alejandro Kudisch			Date of Receipt
Mailing Address 323 Nightingale			1 1 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13422
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.13201
FEC ID number of contributing federal political committee.	C	76390	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.13423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76390	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	1 1 1 1 1 1	Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optiona			750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomente may n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 149 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and addre	iot be sold or used by any persions of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip			Date of Receipt 1 0 1 8 2 0 1 0
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.13202 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C		250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician	Tear-to-Date ▼ 2500.00	
_ В.	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.13424
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation physician	Courte Date W	contribution
	Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2750.00	
-).	Full Name (Last, First, Middle Initial) Dr. Rick Lin Mailing Address 5112 N. 10th Street			Date of Receipt 1 0 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13203
	McAllen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 25.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)			525.00

City McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employee self-employee Primary General Other (specify) ▼ City Austin FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date Unebarger Mailing Address 901 West 9th Street #405 Receipt For: Primary General Occupation physician Aggregate Year-to-Date ▼ Date of Receipt M M M M M M M M M M M M M M M M M M M	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Mailing Address 5112 N. 10th Street City McAllen TX 78594 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code TX 78594 FEC ID number of contributing Ccupation physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction IDS A11AL 13. Amount of Each Receipt this F Contribution Date of Receipt Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Amount of Each Receipt this F Cc City State Transaction IDS SA11AL 13. Amount of Each Receipt this F Cc City Aggregate Year-to-Date ▼ Transaction IDS SA11AL 13. Amount of Each Receipt this F Contribution Date of Receipt Transaction IDS SA11AL 13. Amount of Each Receipt this F Contribution Date of Receipt Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Amount of Each Receipt this F Contribution Date of Receipt Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Amount of Each Receipt this F Contribution Date of Receipt Transaction IDS SA11AL 13. Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Amount of Each Receipt this F Transaction IDS SA11AL 13. Amount of Each Receipt this F Contribution	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Dr. Rick Lin Mailling Address 5112 N. 10th Street City State Zip Code			
City State Zip Code TX 78504 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer Self-employed Name of Employer Self-employed Primary General Other (specify) ▼ City Name of Employer Primary General Other (specify) ▼ Cocupation Primary Date of Receipt TX 78703 Amount of Each Receipt this F Contribution Date of Receipt TX 78703 Amount of Each Receipt this F Date of Receipt TX 78703 Amount of Each Receipt this F Cocupation Private investor Aggregate Year-to-Date ▼ Date of Receipt TX 78703 Amount of Each Receipt this F Contribution Date of Receipt TX 78703 Transaction ID: SA11Al.13. TTANSACTION TO TANSACTION	,		Date of Receipt
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	Mailing Address 5112 N. 10th Street		11 18 2010
FEC ID number of contributing federal political committee. Name of Employer self-employer self-employer self-employee			Transaction ID: SA11AI.13425
Name of Employer self-employer Self-employer Self-employer Self-employer Self-employer Self-employer Self-employer Self-employer Self-employer Mailing Address 901 West 9th Street #405 City State Zip Code TX 78703 Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City State Zip Code TX 78703 Amount of Each Receipt this F C Seceipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City State Zip Code TX 78703 Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11Al.13: Amount of Each Receipt this F Countribution Date of Receipt Transaction ID: Sa11Al.13: Amount of Each Receipt this F Contribution Date of Receipt Mailing Address 901 West 9th Street #405 City State Zip Code Transaction ID: SA11Al.13: Amount of Each Receipt this F Transaction ID: SA11Al.13: Amount of Each Receipt this F Coupation TX 78703 Amount of Each Receipt this F Coupation FEC ID number of contributing federal political committee. Name of Employer Self-employed Cocupation Private investor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing		25.00
Receipt For:	Name of Employer self-employee	· '	contribution
Date of Receipt Mailing Address 901 West 9th Street #405 City State Zip Code TX 78703 FEC ID number of contributing federal political committee. Name of Employer self-employed Primary General Other (specify) ▼ City Aggregate Year-to-Date ▼ Mailing Address 901 West 9th Street #405 City Aggregate Year-to-Date ▼ Transaction ID: SA11Al.13. Amount of Each Receipt this F contribution Date of Receipt Mim / D D / Y Y Z Transaction ID: SA11Al.13. Amount of Each Receipt this F Contribution Date of Receipt Transaction ID: SA11Al.13. Transaction ID: SA11Al.13. Amount of Each Receipt this F Contribution Date of Receipt Transaction ID: SA11Al.13. Amount of Each Receipt this F Transaction ID: SA11Al.13. Amount of Each Receipt this F Cotty State Zip Code Transaction ID: SA11Al.13. Amount of Each Receipt this F Cotty Transaction ID: SA11Al.13. Amount of Each Receipt this F Cotty State Zip Code Transaction ID: SA11Al.13. Amount of Each Receipt this F Contribution Contribution	Primary General	Aggregate Year-to-Date ▼ 250.00	
City State Zip Code TX 78703 FEC ID number of contributing federal political committee. Name of Employer self-employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City State Zip Code Transaction ID: SA11AI.132 Amount of Each Receipt this F Contribution Date of Receipt For: ##405 City State Zip Code Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132 Amount of Each Receipt this F Transaction ID: SA11AI.132	Dale Linebarger		Date of Receipt
austin TX 78703 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer self-employed priwate investor Receipt For: Primary General Other (specify) ▼ City State Zip Code TX 78703 FEC ID number of contributing federal political committee. Primary General City State Zip Code Tx 78703 FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Occupation TX 78703 Amount of Each Receipt this F C C C Contribution Aggregate Year-to-Date ▼	#405		
FEC ID number of contributing federal political committee. Name of Employer self-employed	•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Transaction ID: SA11AI.13205
Name of Employer self-employer self-employer self-employer private investor Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City State Zip Code Transaction ID: SA11AI.134 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer self-employed Primary General Occupation private investor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount or Each Receipt this Period 400.00
Receipt For: Primary General 2650.00	Name of Employer self-employed	· ·	contribution
Date Linebarger Mailing Address 901 West 9th Street #405 City State Zip Code austin TX 78703 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.134 Amount of Each Receipt this F C Cocupation private investor	Primary General		
Mailing Address 901 West 9th Street #405 City State Zip Code austin TX 78703 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	,		Date of Receipt
austin TX 78703 FEC ID number of contributing federal political committee. C Name of Employer self-employed Receipt For: Primary General Amount of Each Receipt this F C contribution Aggregate Year-to-Date ▼	Mailing Address 901 West 9th Street		
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General C Occupation private investor Aggregate Year-to-Date	•	'	Transaction ID: SA11AI.13427
Receipt For: Primary General Occupation private investor Aggregate Year-to-Date	FEC ID number of contributing		400.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer self-employed	•	contribution
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		825.00

or f	for commercial purposes, other than using the	atements may not be sold or used by a	
\		name and address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
· //	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۹.	Full Name (Last, First, Middle Initial) Ms Lisa Longoria		Date of Receipt
	Mailing Address 716 South Excalibur St	10 18 2010	
	City	State Zip Code	Transaction ID: SA11AI.13206
	Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
	Name of Employer self-employee	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.	00
3.	Full Name (Last, First, Middle Initial) Ms Lisa Longoria		Date of Receipt
	Mailing Address 716 South Excalibur St	1 1 1 8 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13428
•	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00 contribution
	Name of Employer self-employee	Occupation private investor	Gonalisation
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.	00
	Full Name (Last, First, Middle Initial) Mr. Rolando Longoria		Date of Receipt
	Mailing Address 32243 Road 83		10 18 2010
	City	State Zip Code	Transaction ID: SA11AI.13207
	San Benito FEC ID number of contributing federal political committee.	TX 78586	Amount of Each Receipt this Period 50.00
	Name of Employer Selfemployed Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	00
SI	JBTOTAL of Receipts This Page (optional)		150.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76/149 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria			Date of Receipt
Mailing Address 32243 Road 83			1 1 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13429
San Benito	TX	78586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer selfemployed	Occupatio private in		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Alfredo Lopez			Date of Receipt
Mailing Address 7609 N. 24th Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13208
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial) Alfredo Lopez			Date of Receipt
Mailing Address 7609 N. 24th Circle			1 1 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13430
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1150.00	
			150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 77 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be so name and address of an	old or used by any person ny political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
/	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt	
	Mailing Address 1311 6th E. Street	10 18 2010			
	City weslaco	State Zip C TX 7859		Transaction ID: SA11AI.13209 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	2476.06		
В.	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt	
	Mailing Address 1311 6th E. Street			11 18 2010	
	City	State Zip C		Transaction ID: SA11AI.13431	
	weslaco FEC ID number of contributing federal political committee.	TX 7859		Amount of Each Receipt this Period 250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	2726.06		
_).	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt	
	Mailing Address 2309 Spicewood Drive	,		10 18 2010	
	City Weslaco	State Zip C		Transaction ID: SA11AI.13210 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	250.00		
Г		1		525.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 149 (check only one) X		
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements maying the name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions		
BORDER HEALTH FEDERAL PA	.C				
Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt		
Mailing Address 2309 Spicewood	Mailing Address 2309 Spicewood Drive				
City Weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.13432 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer selfemployed	Occupation physician		contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 275.00			
Full Name (Last, First, Middle Initial) Salil Mangi	15		Date of Receipt		
	Mailing Address 3801 Sundown Court East				
City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.13212 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer selfemployed	Occupation physician		- contribution		
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 2500.00			
Full Name (Last, First, Middle Initial) C. Salil Mangi	I		Date of Receipt		
Mailing Address 3801 Sundown Co	Mailing Address 3801 Sundown Court East				
City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.13434		
FEC ID number of contributing federal political committee.	C	7000	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupation physician		— contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 2750.00			
SUBTOTAL of Receipts This Page (optio	nal)		525.00		
TOTAL This Period (last page this line nu	mber only)	······································			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
•	Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
	Mailing Address 116 Cardinal		10 / 18 / 2010
	City <u>mcallen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.13213 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
_	Full Name (Last, First, Middle Initial) Carlos Manrique	1	Date of Receipt
	Mailing Address 116 Cardinal	11 1 8 2010	
	City	State Zip Code	Transaction ID: SA11AI.13435
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	
	Full Name (Last, First, Middle Initial) Guillermo Marquez	1	Date of Receipt
	Mailing Address 1702 Trinity Road		10 18 2010
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.13214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70372	400.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
Г	SUBTOTAL of Receipts This Page (optional) .		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt
Mailing Address 1702 Trinity Road City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13436
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane		Date of Receipt
0.0	7: 0 1	10 18 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.13215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
Mailing Address 7603 N. 2nd Lane		1 1 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13437
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per- e name and address of any political committee	
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 149 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
Mailing Address 2809 Santa Lydia		11 18 2010
City	State Zip Code	Transaction ID: SA11AI.13439
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca	10 18 YYYYY 10 18 2010	
City	State Zip Code	Transaction ID: SA11Al.13218
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		1 1 1 8 2 0 1 0
City <u>mca</u> llen	State Zip Code TX 78504	Transaction ID: SA11AI.13440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	600.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 149 (check only one) X 11a
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen	State Zip Code TX 78501	Date of Receipt 10 18 2010 Transaction ID: SA11AI.13219 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼	250.00 contribution
_ 3.	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen	State Zip Code TX 78501	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 2900.00	Amount of Each Receipt this Period 400.00 contribution
_ >.	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt Mailing Address 7716 N. 27th City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 250.00]
	SUBTOTAL of Receipts This Page (optional)		675.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from su or for commercial purposes, ot NAME OF COMMITTEE (I BORDER HEALTH FEI	her than using the name and a n Full)	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middoms Kimberely McNutt Mailing Address 7716 N City McAllen FEC ID number of contributederal political committee. Name of Employer self-employed Receipt For: Primary Ger Other (specify)	. 27th State TX ting C Occupat private	investor te Year-to-Date ▼ 275.00	Date of Receipt 1 1 8 2 0 1 0 Transaction ID: SA11AI.13443 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Midd Bertha Medina Mailing Address 1300 1 City mcallen FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For:	1/2 Street State TX ting C Occupat physicia		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11AI.13222 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Midd Bertha Medina Mailing Address 1300 1 City mcallen FEC ID number of contributederal political committee. Name of Employer selfemployed Receipt For:	1/2 Street State TX ting C Occupat physicia		Date of Receipt M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	Page (optional)		675.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 85 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle	Ctoto 7	n Codo	Date of Receipt 10 18 2010
	City McAllen		p Code 8501	Transaction ID: SA11AI.13223 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-t	o-Date ▼ 400.00	contribution
	Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle			Date of Receipt
	City	State Zi	p Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13445
	McAllen		8501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 800.00]
_	Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
	Mailing Address 3002 Santa Susana			10 18 2010
	City mission		p Code 8572	Transaction ID: SA11AI.13224
	FEC ID number of contributing federal political committee.	C	3372	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78572 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.13225
Mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation	Amount of Each Receipt this Period 75.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13447
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional) .		400.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
. ∠ 4.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
	Mailing Address 5408 N. Cynthia			10 18 2010
	City	State	Zip Code	Transaction ID: SA11Al.13227
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
_ 3.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
	Mailing Address 2821 Michael Angelo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13228
	<u>Edinburg</u>	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
-).	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
•	Mailing Address 5408 N. Cynthia			M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13450
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2750.00	
Γ		<u> </u>		600.00
-	SUBTOTAL of Receipts This Page (optional))	- 000.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 149 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo	State Zip Code	11 18 2010
City Edinburg	TX 78539	Transaction ID: SA11AI.13451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada	1	Date of Receipt
Mailing Address 1421 North 2nd Stree	t	10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13229
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00 contribution
Name of Employer self-employee	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Stree	t	1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13452
McAllen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
federal political committee.	C	400.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2200.00	
SUBTOTAL of Receipts This Page (optional) .		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78503	Transaction ID: SA11AI.13230 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate		- contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial)	0 0	2650.00	Date of Respire
Carlos Morales Mailing Address 3325 Kent Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13453
mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3050.00	
Full Name (Last, First, Middle Initial) Leonel Moreno			Date of Receipt
Mailing Address 1608 Woods Drive			10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.13231
mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	1		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 149 (check only one) X	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may a name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Leonel Moreno			Date of Receipt	
Mailing Address 1608 Woods Drive	Mailing Address 1608 Woods Drive			
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.13454 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer selfemployed	Occupation physician		contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 2750.00		
Full Name (Last, First, Middle Initial) Lauren Naylor	1		Date of Receipt	
Mailing Address 3020 Melinda Drive	10 18 2010			
City <u>Edinburg</u>	State TX	Zip Code 78539	Transaction ID: SA11AI.13232 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer selfemployed	Occupation physician		contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Lauren Naylor	l		Date of Receipt	
Mailing Address 3020 Melinda Drive			M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0	
City Edinburg	State	Zip Code	Transaction ID: SA11AI.13455	
FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 50.00	
Name of Employer selfemployed	Occupation physician		contribution	
Receipt For: Primary General Other (specify) ▼	 ' ' ' ' 	Year-to-Date ▼ 550.00		
SUBTOTAL of Receipts This Page (optional)	1		350.00	
TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13233
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
		11 18 2010
City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.13456 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira	I	Date of Receipt
Mailing Address 9917 Bentsen Road		M M / D D / Y Y Y Y Y Y 1 1 8 2 0 1 0
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.13234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	·	200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	r not be sold or used by any person dress of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician	1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip			Date of Receipt 1 0 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13236
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 contribution
Name of Employer selfemployed	Occupation physician		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
Mailing Address 600 Tulip			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13459
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 contribution
Name of Employer selfemployed	Occupation physician		Contribution
Receipt For: Primary General Other (specify) ▼	 ' ' ' '	Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional) .			600.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 149 (check only one) X
Any information copied from such Repor or for commercial purposes, other than under the commercial purposes. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL IN	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian	Drive	Date of Receipt
City Mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID: SA11AI.13237 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify)	Occupation private investor Aggregate Year-to-Date 450.00	contribution
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID: SA11AI.13460 Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamas	ia	Date of Receipt
#148 City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID: SA11AI.13238 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (on	tional)	350.00

Any information copied from such Reports and State or for commercial purposes, other than using the results of the such as the		13 14 15 16 17
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 825.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		400.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 149 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE	and Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669		Date of Receipt
City Edinburg	State Zip Code TX 78540	Transaction ID: SA11AI.13240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 500.00	Contribution
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669		Date of Receipt
City	State Zip Code	Transaction ID: SA11Al.13463
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary		Date of Receipt
City	State Zip Code	Transaction ID: SA11Al.13242
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (option	al)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per- e name and address of any political committee	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78552 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M D D Z Z D D
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78552 C Occupation physician Aggregate Year-to-Date ▼ 1375.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each categ Detailed Sumr	chedule(s) (check only one)	GE 97 / 149 12 16
A or	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or us name and address of any politic	ed by any person for the purpose of soliciting co al committee to solicit contributions from such c	ntributions ommittee.
	BORDER HEALTH FEDERAL PAC			
۸.	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero		Date of Receipt	
	Mailing Address 2312 La Condesa City	State Zip Code	1 1 1 1 8 Y	2010
	Edinburg	TX 78539	Transaction ID: SA11AI Amount of Each Receipt the	
	FEC ID number of contributing federal political committee.	C 75555	Amount of Each receipt in	400.00
	Name of Employer self-employed	Occupation physician	contribution	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	400.00	
	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt	
	Mailing Address P.O.Box 5959		1 0 1 8 / Y	2010
	City	State Zip Code	Transaction ID: SA11AI	
	McAllen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt th	150.00
	Name of Employer Self-employed	Occupation physcian	contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1500.00	
 :_	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt	
	Mailing Address P.O.Box 5959		M M / D D / Y 1 1 8	2010
	City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI Amount of Each Receipt the	
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Self-employed	Occupation physcian	contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1650.00	
\[SUBTOTAL of Receipts This Page (optional)	1		700.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
	Mailing Address 3716 Tigris	Chata Zin Code	10 18 2010
	City <u>Edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.13244 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
-	Full Name (Last, First, Middle Initial) Dr. Alberto Pena	1	Date of Receipt
	Mailing Address 3716 Tigris		1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13469
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00 contribution
	Name of Employer self-employed	Occupation doctor	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	550.00	
	Full Name (Last, First, Middle Initial) Jose Pena	•	Date of Receipt
	Mailing Address 100 Bluebird		10 18 2010
	City	State Zip Code	Transaction ID: SA11AI.13245
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
	SUBTOTAL of Receipts This Page (optional).		500.00

Any information copied from such Reports and Statements may not be sold or used by any person to the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Jobs Phans Mailing Address 100 Bluebird City State Zip Code FEC ID number of contributing federal political committee. Primary General Other (spacify) ▼ Full Name (Last, First, Middle Initial) Jobs Phans Mailing Address 905 S. Huisache Court City State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C John State Zip Code Ty 78577 Amo	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt State Zip Code Transaction ID: SA11Al.13470 Transaction ID: SA11Al.13471 Transaction ID: SA11Al.1346 Transaction ID: SA11Al.1346 Transaction ID: SA11Al.13246 Transaction ID: SA11Al.13247 Transaction ID: SA11Al.1	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 905 S. Huisache Court City State Zip Code TX 78577 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ City State Zip Code TX 78577 Receipt For: Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: SA11Al.13246 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt For: Aggregate Year-to-Date ▼ City State Zip Code TX 78577 FEC ID number of contributing federal political committee. Name of Employer Feriod FEC ID number of contributing federal political committee. Name of Employer Self-employer Self-employer Self-employer Self-employer General Other (specify) ▼ Aggregate Year-to-Date ▼	Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 3050.00	Transaction ID: SA11AI.13470 Amount of Each Receipt this Period 400.00
Mailing Address 905 S. Huisache Court City State Zip Code Transaction ID: SA11AI.13471 PEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Page 2750.00 Date of Receipt Transaction ID: SA11AI.13471 Amount of Each Receipt this Period Contribution Contribution	Juan Pena Mailing Address 905 S. Huisache Cour City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date	Transaction ID: SA11AI.13246 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Juan Pena Mailing Address 905 S. Huisache Cour City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13471 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 149 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira			Date of Receipt
Mailing Address 7005 North Cynthia			10 18 2010
City	State	Zip Code	Transaction ID: SA11AI.13247
McAllen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 150.00
Name of Employer self-employee	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira			Date of Receipt
Mailing Address 7005 North Cynthia			1 1 1 8 2 0 1 0
City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.13472
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period 150.00
Name of Employer self-employee	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Ernie Perez			Date of Receipt
Mailing Address P.O. Box 5360			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13248
mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 125.00
Name of Employer self-employed	Occupatio private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1090.48	
SUBTOTAL of Receipts This Page (optional	<u> </u>		425.00

П	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS ny information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 149 (check only one) X
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee	e to solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360		Date of Receipt 1 1 1 1 8 2 0 1 0
	City mcallen	State Zip Code TX 78502	Transaction ID: SA11AI.13473 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation	125.00 contribution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 1215.48	
 3.	Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13250
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2180.86	
- :.	Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13475
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2430.86	
Γ,	SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu BORDER HEALTH FEDER	,	person for the purpose of soliciting contributions
Full Name (Last, First, Middle In Mr. Francisco Pina Mailing Address 129 E. Jon	es	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID: SA11AI.13251 Amount of Each Receipt this Period 25.00
Receipt For: Primary Other (specify) Genera	Occupation private investor Aggregate Year-to-Date 250.00	contribution
Full Name (Last, First, Middle In Mr. Francisco Pina Mailing Address 129 E. Jon	Date of Receipt M M D D Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.13476
<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle In Ms Jessica Porras Mailing Address 5128 North	nitial) n 10th Street	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.13477
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 25.00
Name of Employer self-employee	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page	ge (optional)	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 149 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D M 2010 Transaction ID: SA11AI.13253 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2727.83	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Sergic Raminez Mailing Address 1608 Woods Drive City State Zip Code Transaction ID: SA11A.113479 FEC ID number of contributing federal political committee. C 250.00 Chy State Zip Code Transaction ID: SA11A.113479 Amount of Each Receipt Ferical Political Committee. C 250.00 Contribution Date of Receipt Anount of Each Receipt Ferical Political Committee. C 250.00 Contribution Date of Receipt Transaction ID: SA11A.113479 Date of Receipt Transaction ID: SA11A.113479 Transaction ID: SA11A.113479 Amount of Each Receipt This Period City State Zip Code Tx 78501 FEC ID number of contributing federal political committee. C 250.00 City State Zip Code Tx 78501 FEC ID number of contributing federal political committee. C 30500 Address 1301 S. Perking C 400.00 City State Zip Code Tx 78501 Fell Name (Last, First, Middle Initial) Custano Tamno Mailing Address 1301 S. Perking C 400.00 City State Zip Code Tx 78501 Full Name (Last, First, Middle Initial) Custano Tamno Malling Address 1301 S. Perking C 400.00 City State Zip Code Tx 78501 Full Name (Last, First, Middle Initial) Custano Tamno Malling Address 1301 S. Perking City General Other (specify) ▼ 2650.00 Date of Receipt Transaction ID: SA11A.113480 Amount of Each Receipt This Period FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ 3050.00 Substortial of Receipts This Page (optional) Aggregate Year-to-Date ▼ 3050.00 Substortial of Receipts This Page (optional)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Sergio Ramirez Mailing Address 1608 Woods Drive City mission Receipt FC: Primary General Outher (specify) ▼ FLII Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking C Cupation physician Aggregate Year-to-Date ▼ FLII Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Ty Code TX 78591 FLII Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Ty Code TX 78591 FLII Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Ty Code Ty Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13255 Amount of Each Receipt this Period Transaction ID: SA11Al.13280 Amount of Each Receipt this Period Transaction ID: SA11Al.13280 Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Amount of Each Receipt this Period Transaction ID: SA11Al.132480 Transaction ID: SA1	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Gustavo Ramos Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code TX 78501 Amount of Each Receipt this Period Cocupation physicain Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.13255 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AI.13255 Amount of Each Receipt this Period Countribution Date of Receipt Transaction ID: SA11AI.13255 Amount of Each Receipt this Period Transaction ID: SA11AI.13480 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Selfemployer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Transaction ID: SA11AI.13479 Amount of Each Receipt this Period 250.00
Mailing Address 1301 S. Perking City State Zip Code Transaction ID: SA11Al.13480 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physicain Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13255 Amount of Each Receipt this Period 400.00
SUBTOTAL of Receipts This Page (optional)	Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physicain Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13480 Amount of Each Receipt this Period 400.00
	SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg	State Zip Code TX 78539	Date of Receipt 10 18 2010 Transaction ID: SA11AI.13257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539 C	Date of Receipt M M M
selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Soraya Rangel	private investor Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Mailing Address 2010 S. Cynthia Ste 1 City McAllen	State Zip Code TX 78503	Transaction ID: SA11AI.13258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date 250.00	Contribution
SUBTOTAL of Receipts This Page (optional)		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 1: City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive	275.00	Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13259
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 125.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1250.00	
Full Name (Last, First, Middle Initial) R.V. Reddy	I	Date of Receipt
Mailing Address 1500 Southland Drive City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13484
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line number	only)	

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	totamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 149 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ado	rnot be sold or used by any pers Iress of any political committee to	o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7			Date of Receipt 1 1 1 1 8 2 0 1 0
	City McAllen	State TX	Zip Code 78503	Transaction ID: SA11AI.13485 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self-employee	C Occupation	1	25.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 225.00	
- З.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13261
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation physician		contribution
	Primary General Other (specify) ▼	Aggregate	2500.00	
-).	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia			Date of Receipt 1 1 1 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13486
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional)		,	525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal part of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date 275.00	Date of Receipt M M D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	300.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	he X 11a 11b 11c 12 age 13 14 15 16 11
	ny information copied from such Reports and S ir for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13488
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution
В.	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13264
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation physcian	contribution
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500	.00
_).	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13489
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750	.00
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Mr. Martin Rocha			Date of Receipt
Mailing Address P.O. Box 662	10 18 2010		
City Santa Rosa	State TX	Zip Code 78593	Transaction ID: SA11AI.13265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha			Date of Receipt
Mailing Address P.O. Box 662			M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0
City Santa Rosa	State TX	Zip Code 78593	Transaction ID: SA11AI.13490 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Paulette Saca			Date of Receipt
Mailing Address 109 Condor			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13266
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 75.00
Name of Employer self-employed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1200.00	
			175.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 149 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 1275.00	contribution
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt 1 0 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13267
mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2650.00	contribution
Full Name (Last, First, Middle Initial) Javier Saenz	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 2308 Monaco Drive		11 1 18 2010
City mission	State Zip Code TX 78574	Transaction ID: SA11AI.13492 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3050.00	
SUBTOTAL of Receipts This Page (optional)		875.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 149 (check only one) X
		ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (I BORDER HEALTH FE	•		
Full Name (Last, First, Midd JJ Saenz	dle Initial)		Date of Receipt
Mailing Address 2400 S	Mailing Address 2400 S.E. Augusta Square		
City <u>mcallen</u>	State TX	Zip Code 78503	Transaction ID: SA11AI.13268 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		250.00
Name of Employer selfemployed	Occupati physicia		contribution
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 2500.00	
Full Name (Last, First, Midd JJ Saenz	dle Initial)		Date of Receipt
Mailing Address 2400 S	.E. Augusta Square	1 1 1 8 2 0 1 0	
City	State	Transaction ID: SA11AI.13493	
<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		250.00
Name of Employer selfemployed	Occupati physicia		contribution
Receipt For:	Aggrega	te Year-to-Date ▼	
Primary Ger Other (specify) ▼	neral	2750.00	
Full Name (Last, First, Midd Larry Safir	dle Initial)		Date of Receipt
Mailing Address 3300 S suite 10			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13269
mcallen	TX	78503	Amount of Each Receipt this Period
federal political committee.	FEC ID number of contributing federal political committee.		250.00 contribution
Name of Employer Self-employed Occupation private in			Contribution
Receipt For:		te Year-to-Date ▼	_
Primary Ger Other (specify) ▼	neral	2500.00	
	l		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pene name and address of any political committee	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: SA11AI.13270 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M 18 2010 Transaction ID: SA11AI.13495 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1375.00	Date of Receipt M M M 1 18 2010 Transaction ID: SA11AI.13496 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M D D 2 0 1 0
SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 149 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78503 C Occupation private investor	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13271
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer Self employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Luis San Miguel		Date of Receipt
Mailing Address 1912 Fair Oak		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13497
Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	450.00

City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Self-employee Pirmary General Other (specify) ▼ State Zip Code TX 78504 Page of Employer Self-employee Pirmary General Other (specify) ▼ State Zip Code TX 78504 Page of Employer Self-employee Pirmary General Other (specify) ▼ Docupation physician Pirmary General Other (specify) ▼ Docupation Details (specify) Type Docupation Detai		HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 149 (check only one) X 11a
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) D. Samuel Serna Mailing Address 125 E. Cornell City McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AL 13275 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AL 13275 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AL 13275 Amount of Each Receipt Transaction ID: SA11AL 13275 Amount of Each Receipt Transaction ID: SA11AL 13276 Amount of Each Receipt Transaction ID: SA11AL 13500 FEC ID number of contributing federal political committee Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: SA11AL 13276 Amount of Each Receipt Transaction ID: SA11AL 13276 Transaction ID: SA11AL 13276 Amount of Each Receipt Transaction	or fo	or commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Samuel Serna Mailing Address 125 E. Cornell City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Serf-employee Occupation physician Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78504 FULl Name (Last, First, Middle Initial) City State Zip Code TX 78504 FULl Name (Last, First, Middle Initial) City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Series Occupation physician FEC ID number of contributing federal political committee. Name of Employer Series Occupation physician Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78504 FULL Name (Last, First, Middle Initial) Transaction ID: SA11AI.13500 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AI.13500 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AI.13276 Transaction ID: SA11AI.13276 Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Contribution Contribution Contribution Date of Receipt Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Contribution Contribution Contribution Contribution Contribution Date of Receipt Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Contribution Contribut	\	` ,			
City McAllen TX 78504 Amount of Each Receipt this Period Transaction ID: SA11Al.13276 Amount of Each Receipt this Period Transaction ID: SA11Al.13276 Amount of Each Receipt this Period Courtibution Date of Receipt TX 78504 Amount of Each Receipt this Period Contribution Date of Receipt TX Transaction ID: SA11Al.13276 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.13276 Transaction ID: SA11Al.13276 Amount of Each Receipt this Period Transaction ID: SA11Al.13500 Date of Receipt Transaction ID: SA11Al.13500 Amount of Each Receipt this Period Transaction ID: SA11Al.13500 Transaction ID: SA11Al.13500 Amount of Each Receipt this Period Transaction ID: SA11Al.13500 Transaction ID: SA11Al.13500 Amount of Each Receipt this Period Transaction ID: SA11Al.13500 Transactio	4. _	Dr. Samuel Serna			-
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Tx 78504 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive FEC ID number of contributing federal political committee. City State Zip Code Type Transaction ID: SA11AI.13200 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AI.13500 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Contribution City State Zip Code Tx 78503 Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code Tx 78503 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Contribution Contribution	_			7: 0 1	10 18 2010
FEC ID number of contributing federal political committee. Name of Employer self-employee				•	
Name of Employer Self-employer Self-employe	F	FEC ID number of contributing			
Primary	<u> </u>	Name of Employer self-employee			contribution
Date of Receipt Mailing Address 125 E. Cornell City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ City State Zip Code TX 78504 Amount of Each Receipt this Period Cocupation physician Aggregate Year-to-Date ▼ Tawhid Shuaib Date of Receipt Transaction ID: SA11Al. 13500 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al. 13500 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al. 13500 Transaction ID: SA11Al. 13276 Amount of Each Receipt this Period Transaction ID: SA11Al. 13276 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Selfemployed Receipt For: Aggregate Year-to-Date ▼ Primary General Primary General Aggregate Year-to-Date ▼	F	Primary General	Aggregate	900.00	
City State Zip Code Transaction ID: SA11AI.13500 McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code TX 78503 FEC ID number of contributing federal political committee. City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer selfemployer gederal political committee. Name of Employer selfemployer Primary General Aggregate Year-to-Date ▼ Occupation physician Receipt For: Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	B. [Dr. Samuel Serna	1		
McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self-employee	N	Mailing Address 125 E. Cornell			
FEC ID number of contributing federal political committee. Name of Employer self-employee		•		•	
Name of Employer Name of Employer Self-employer Self-employer Self-employer Self-employer Aggregate Year-to-Date ▼ I 1000.00 Date of Receipt M M M D D D D D D D D D D D D D D D D	F	EC ID number of contributing		/8504	100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code mcallen TX 78503 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ Primary General	<u>N</u>	Name of Employer self-employee			contribution
Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code Transaction ID: SA11AI.13276 Manual of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Date of Receipt M M M A 2010 Transaction ID: SA11AI.13276 Amount of Each Receipt this Period Contribution Contribution	F	Primary General	Aggregate		
City State Zip Code Transaction ID: SA11AI.13276 Mame of Employer selfemployed Receipt For: Primary General State Zip Code Transaction ID: SA11AI.13276 C C COntribution Amount of Each Receipt this Period C C Contribution		, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
mcallen TX 78503 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 400.00 Name of Employer selfemployed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼	N	Mailing Address 4000 Burns Drive			
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date		•		·	
Receipt For: Primary General Occupation physician Aggregate Year-to-Date	F	EC ID number of contributing		/8503	
Primary General	<u> </u>	Name of Employer selfemployed			contribution
	F	Primary General		e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	su	BTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Pamela Sifuentes Mailing Address 1801 Conch Key City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Pamela Sifuentes Mailing Address 1801 Conch Key City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City	State Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13278
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13503
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Hilda Solis	<u> </u>	Date of Receipt
Mailing Address P.O.Box 3302		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13279
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date 275.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1374.31	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1521.43	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13505 Amount of Each Receipt this Period 147.12 contribution
SUBTOTAL of Receipts This Page (optional)	•	347.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 149 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may he name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbria	ar		Date of Receipt
City McAllen	State TX	Zip Code 78502	Transaction ID: SA11AI.13281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer self-employee Receipt For:	Occupation physician Aggregate		contribution
Primary General Other (specify) ▼	Aggregate	2150.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbria	Date of Receipt		
City	State	Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13506
McAllen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 400.00
Name of Employer self-employee	Occupation physician	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2550.00]
Full Name (Last, First, Middle Initial) Alejandro Tey			Date of Receipt
Mailing Address 3012 Laurie Lane			10 18 2010
City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.13284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000	250.00
Name of Employer Self employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 149 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.13285 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 149 (check only one) X
Any information copied f or for commercial purpose NAME OF COMMIT BORDER HEALT	ses, other than using the name ar TEE (In Full)	ts may not be sold or used by any pers nd address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Susan Turley Mailing Address 3- City mcallen FEC ID number of confederal political common Name of Employer self-employed Receipt For: Primary Other (specify)	Sta TX Ontributing iittee. C Occuphys Aggi	'	Date of Receipt 10 18 2010 Transaction ID: SA11AI.13288 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, Firs Susan Turley Mailing Address 3* City mcallen FEC ID number of cofederal political common Name of Employer self-employed Receipt For: Primary Other (specify)	Sta TX Ontributing iittee. Occuphys General	'	Date of Receipt M M
Full Name (Last, Firs Marcel Twahirwa Mailing Address 24 City mission FEC ID number of confederal political common Name of Employer selfemployed Receipt For: Primary Other (specify)	Sta TX Ontributing iittee. C Occuphys Aggi	'	Date of Receipt M M M
SUBTOTAL of Receipt	s This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 149 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D M 2010 Transaction ID: SA11AI.13514 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 149 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #E City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2500.00	Date of Receipt M M J D D J Z D 1 0 Transaction ID: SA11AI.13291 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 149 (check only one) X
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt M M M
_	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2750.00	
3.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez Mailing Address 1806 Summerfield Driv	e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13292
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00 contribution
	Name of Employer selfemployed	Occupation private investor	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
	Mailing Address 1806 Summerfield Driv	е	1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13517
	Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date 500.00	Date of Receipt M M J D B J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date 550.00	Date of Receipt M M 18 2010 Transaction ID: SA11AI.13518 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2150.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date	Date of Receipt 10 18 2010 Transaction ID: SA11Al.13295 Amount of Each Receipt this Period 125.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 149 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1377.82	Date of Receipt M M
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1525.32	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1126.43	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		466.97

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt
Mailing Address 901 W. Moore City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11Al.13522
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.58
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1247.01	
Full Name (Last, First, Middle Initial) Roger Vitko	·	Date of Receipt
Mailing Address 1017 south 1st		M M / D D / Y Y Y Y Y Y 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13298
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		M M / D D / Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13523
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer self-employed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00]
SURTOTAL of Receipts This Page (optional)		420.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 149 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.13299 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 2750.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13524 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1245.04	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: SA11AI.13300 Amount of Each Receipt this Period 158.83 contribution
SUBTOTAL of Receipts This Page (optional)		658.83

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 149 (check only one) X
	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud		Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.13525
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	133.28
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1378.32	
Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
Mailing Address 111 Rio Grande		10 18 2010
City	State Zip Code	Transaction ID: SA11AI.13301
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
Mailing Address 111 Rio Grande		M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13526
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
SURTOTAL of Receipts This Page (optional)		333.28

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 149 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905			Date of Receipt
	N. Cynthia City	State	Zip Code	1 0 1 8 2 0 1 0 Transaction ID: SA11AI.13302
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
- В.	Full Name (Last, First, Middle Initial) Subbarrao Yarra			Date of Receipt
	Mailing Address 6905 N. Cynthia			111 18 2010
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.13527
	FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period 400.00
	Name of Employer Self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski			Date of Receipt
	Mailing Address 6804 N. 1st			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13303
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number of		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504 C	Date of Receipt M
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2750.00]
В.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City	State Zip Code	Date of Receipt 10 18 2010 Transaction ID: SA11AI.13304
	mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2500.00	
С.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID: SA11AI.13529 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2750.00	contribution
	SUBTOTAL of Receipts This Page (optional) .		750.00
	TOTAL This Period (last page this line number	r only)	73061.50

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s		R LINE NUN			Р	AGE	134	/ 149	9
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\(\frac{1}{2}\)	NAME OF COMMITTEE (In Full)	ie and address of any pointer	21 00111111111	20 10 3011011 0	Ontinout	.10110 111	0111 00011	001111			
$ \rangle$	BORDER HEALTH FEDERAL PAC										
۸.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Diaz			D	ansacti ate of D	isburse				. V	
	Mailing Address 600 Nyssa				1 "	, <u> </u>	0 4	2	2 o 1	0 '	
	City McAllen	State Zip Code TX 78504		Aı	mount o	f Each	Disburs	emer	nt this	Perio	od
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	Candidate Name		Catego Type								
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	Full Name (Last, First, Middle Initial)			т.		ian ID.	: SB21	D 1	2501		
3.	McAllen Country Club			D	ate of D	isburs	ement			V	
	Mailing Address 615 Wichita				0 "	້	28 /	2	0 1	0 '	
	City McAllen	State Zip Code TX 78501		Ai	mount o	f Each	Disburs	emer	nt this	Perio	od
	Purpose of Disbursement meals expenditures		003					27	76.4	3	
	Candidate Name		Catego Type	-							
	Senate	ement For: Primary General									
	President State: District:	Other (specify)									
) .	Full Name (Last, First, Middle Initial) Practicing Law Institute				ansacti ate of D	isburs					
	Mailing Address 810 Seventh Ave				0 M	[′] 1	2 /	Y	0 1	0 ^Y	
	City New York	State Zip Code NY 10019		Aı	mount o	f Each	Disburs	emer	nt this	Perio	od
	Purpose of Disbursement reference material/online		001	╗┖				18	95.0	0	
	Candidate Name		Catego	ory/							
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼									
	State: District:										
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$\overline{}$	NAME OF COMMI	TTEE (In Full)																	
	BORDER HEAL	TH FEDERAL P	AC																
	Full Name (Last, Fi	rst, Middle Initial)									Trans	act	ion ID:	S	B21B	.13	638		
	Water Tower Vil	lage									Date o	of D	isburse	eme				V	
	Mailing Address	52211 N. McC	oll Road								1 1	М	1	2		ž	0 1 0	1	
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SUBTOTAL of Disbursements This Page (optional)	•	1331.25
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NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,												
BORDER HEALTH FEDERAL PAC														
Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATEF	R AMERICA	1				Date o	of Di	sburse	eme			_		
Mailing Address 607 14th Street, NW, Sui	te 800					1 1	М	^D 0) 4] / L	ž	οťα) \	
•	State DC	Zip Code 20005				Amou	nt of	f Each	Di	sburser	-			_
Purpose of Disbursement contribution			0	11					0		50	00.00		
Candidate Name AMERIPAC: THE FUND FOR A GREATEF	R AMERICA	\		egory/ ype										
Office Sought: Senate President State: Disburse	ment For: Primary Other (spec	2010 X General ify)												
Full Name (Last, First, Middle Initial) JOE LINUS BARTON						Date o	of Di	sburse	eme	_				
Mailing Address 701 Williamsburg						1 ^M 0	М	^D 0) ^D	/ L	ž	0 1 0) ^Y	
•	State TX	Zip Code 75119				Amou	nt of	f Each	Di	sburser	nen	t this F	Period	_
Purpose of Disbursement contribution			0	11		L.					50	00.00		
Candidate Name JOE LINUS BARTON				egory/ /pe										
	ment For: Primary Other (spec	2010 General ify) ▼												
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS								on ID:		SB23.	135	95		
Mailing Address P.O. Box 261060						1 ^M 0	М	^D 2	26	/ Y	ž	0 i c) ^Y	
	State CA	Zip Code 90026				Amou	nt of	f Each	Di	sburser	nen	t this F	Period	_
Purpose of Disbursement contribution			Q	11		<u>L.</u>	-		_		50	00.00		
Candidate Name XAVIER BECERRA				egory/ ype										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spec	2010 X General ify) ▼	_											
State: CA District: 31		•												_
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) SANFORD D JR. BISHOP Mailing Address 1909 Devon Drive City Albany State Zip Code Albany GA 31707 Purpose of Disbursement contribution Candidate Name Po BOX 2571 City WILSON NC 27893 Purpose of Disbursement contribution Candidate Name G K BUTTERFIELD Office Sought: X House Pensident Senate President Disbursement For: 2010 Transaction ID: SB23.13636 Date of Disbursement 1011 1011 1001 1102 Transaction ID: SB23.13636 Date of Disbursement 1011 1011 1011 1011 1011 1011 1011 10	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page] 21b [22	Х		\square		\blacksquare		26
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PO BOX 2571 City WILSON Purpose of Disbursement contribution Candidate Name G K BUTTERFIELD Office Sought: X House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) ANDRE CARSON Mailing Address P.O. Box 1863 City Indianapolis City Indianapolis Purpose of Disbursement Contribution Candidate Name ANDRE CARSON Disbursement For: 2010 Primary X General Disbursement Disbursement Other (specify) Transaction ID: SB23.13591 Date of Disbursement M 1 1 0 2 7 2 0 1 0 7 Amount of Each Disbursement this Period Transaction ID: SB23.13591 Date of Disbursement 1 1 1 1	G K BUTTERFIELD				Date of	of Di	sburse	emen				Y
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Senate				· ,								
ANDRE CARSON Mailing Address P.O. Box 1863 City State Zip Code Indianapolis IN 46206 Purpose of Disbursement Contribution Candidate Name ANDRE CARSON Office Sought: X House Senate Primary X General President President Date of Disbursement M M M M D D D M Y Y Y O Y O Y 2 0 1 0 V Amount of Each Disbursement this Period 1500.00 Amount of Each Disbursement this Period 1500.00 Category/ Type Office Sought: X House Primary X General Other (specify) Other (specify)	Senate President	Primary X General	•									
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contribution Candidate Name ANDRE CARSON Office Sought: X House Senate Primary President O11 Category/ Type Other (specify) Other (specify)					Amou	nt of	Each	Disk	ourse	ment	this P	eriod
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State: IN DISTRICT: 07	Senate President	Primary X General										
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) A.B. III CHANDLER Mailing Address P. O. Box 12678			Transaction ID: SB23.13637 Date of Disbursement M M
	City	State Zip Code		Amount of Each Disbursement this Period
	Lexington	KY 40583		
	Purpose of Disbursement contribution		011	2000.00
	Candidate Name A.B. III CHANDLER		Category/ Type	
	Office Sought: X House Senate President State: KY District: 06	ement For: 2010 Primary X General Other (specify)		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.13598
В.	TRAVIS W CHILDERS			Date of Disbursement
	Mailing Address 201 HIDDEN HILLS			
	City BOONEVILLE	State Zip Code MS 38829		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution		011	2000.00
	Candidate Name TRAVIS W CHILDERS		Category/ Type	
	Office Sought: X House Disburs Senate President	ement For: 2010 Primary X General Other (specify)		
_	State: MS District: 01			
C.	Full Name (Last, First, Middle Initial) JAMES E CLYBURN			Transaction ID: SB23.13587 Date of Disbursement
	Mailing Address 501 Juniper Street			
	City Columbia	State Zip Code SC 29203		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution		011	5000.00
	Candidate Name JAMES E CLYBURN		Category/ Type	
	Office Sought: X House Senate President Disburs	ement For: 2010 Primary X General Other (specify)	75-	
Г	State: SC District: 06			
	SUBTOTAL of Disbursements This Page (optional)		>	9000.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE			
Full Name (Last, First, Middle Initial) CONGRESSIONAL TRUST 2010			Transaction ID: SB23.13575 Date of Disbursement
Mailing Address 228 S WASHING	STON STREET SUITE 115		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution Candidate Name		011	15000.00
CONGRESSIONAL TRUST 2010		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2010 Primary X Genera Other (specify) ▼	I	
State: District: Full Name (Last, First, Middle Initial) HENRY R CUELLAR			Transaction ID: SB23.13579 Date of Disbursement
Mailing Address 1519 Washingto 2nd Floor Suite 2			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City LAREDO	State Zip Code TX 78042		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution		011	5000.00
Candidate Name Henry Cuellar		Category/ Type	
Office Sought: X House Senate President State: TX District: 28	Disbursement For: 2010 Primary X General Other (specify)	"	
Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAI	MPAIGN COMMITTEE		Transaction ID: SB23.13580 Date of Disbursement
Mailing Address 120 MARYLAND	AVENUE NE		$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & \overline{D} \\ 2 & \overline{D} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & \overline{Y} & \overline{Y} & \overline{Y} \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution		011	15000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2010 Primary General X Other (specify)		
State: District:	Recount		
	optional)		35000.00

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIII 3X)		•	' Use separate schedule(s)						п.			PAGE 140				
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ST	I Name (Last, EVEN LEO	First, Middle Initial) DRIEHAUS 1018 BENZ AV	E								isburs				33 0 1 0	Y
City	y NCINNATI			State OH	Zip Code 45238				Amou	int o	f Each	n Disk	ourser	ment	this P	erio
Pur con Car	rpose of Disbu ntribution ndidate Name						-	ory/	L.		•	•		100	00.00	0
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HC	•	First, Middle Initial) CONGRESS 607 14th Street	· NW								isburs	_	_		35 0 1 0	Y
City	y	Suite 800		State	Zip Code				Amou	int o	f Each	n Disk	ourser			
Pur con Car	ashington rpose of Disbu ntribution ndidate Name	rsement TON HOYER		DC	20005		_	ory/						250	00.00	
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Mai	iling Address	P.O. Box 2582							1 ^M 0	М	[/] 2	2 6	/ Y	ž	0 Í 0	Υ
City	y Iumbus			State OH	Zip Code 43216				Amou	int o	f Each	n Disk	ourser	-		erio
Purpose of Disbursement contribution 01							1	<u></u>			•		100	00.00		
	Candidate Name MARY JO KILROY Category Type															
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						for the purpose of soliciting contributions licit contributions from such committee
· \	NAME OF COMMITTEE (BORDER HEALTH FE					
	Full Name (Last, First, Mid LARRY KISSELL	dle Initial)				Transaction ID: SB23.13592 Date of Disbursement
N	Mailing Address 153	KISSELL DRIVE				111
	City BISCOE		State NC	Zip Code 27209		Amount of Each Disbursement this Period
C	Purpose of Disbursement contribution				011	1500.00
L	Candidate Name LARRY KISSELL				Category/ Type	
	Pre	nate esident	Primary Other (spe	2010 X General ecify) ▼		
F	State: NC District Full Name (Last, First, Mid FRANK M MR. JR KRA	Idle Initial)				Transaction ID: SB23.13599 Date of Disbursement
N		Main Sail Box 518				$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}6&\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&1\end{smallmatrix}0&V$
	City Stevensville	,ox 010	State MD	Zip Code 21666		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution				011	1500.00
	Candidate Name FRANK M MR. JR KRA				Category/ Type	
	Office Sought: X Hou	use Disbu nate	ursement For: Primary	2010 X General		
	Pre	esident	Other (spe	ecity)		
S		t: 01 Idle Initial)	Other (spe	ecity) ▼		Transaction ID: SB23.13590 Date of Disbursement
5 F 5	State: MD District Full Name (Last, First, Mid SHEILA JACKSON LE	t: 01 Idle Initial)	Other (spe			Transaction ID: SB23.13590 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F 5	State: MD District Full Name (Last, First, Mid SHEILA JACKSON LE	t: 01 Idle Initial)	State TX	Zip Code 77004		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 5 N	State: MD District Full Name (Last, First, Mid SHEILA JACKSON LE Mailing Address 4412 Dity	t: 01 Idle Initial)	State	Zip Code	011	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 F S S S S S S S S S S S S S S S S S S	State: MD District Full Name (Last, First, Mid SHEILA JACKSON LE Mailing Address 4412 City HOUSTON Purpose of Disbursement contribution Candidate Name SHEILA JACKSON LE	t: 01 Idle Initial) EE P. ALMEDA	State	Zip Code	011 Category/ Type	Date of Disbursement M M / D D D / Y Y Y O Y O Amount of Each Disbursement this Period
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								n for the purpose of soliciting contributions solicit contributions from such committee
\rangle	NAME OF COM	•						
	Full Name (Last, LEVIN FOR Co	First, Middle Initial) ONGRESS						Transaction ID: SB23.13596 Date of Disbursement
	Mailing Address	PO Box 37						
	City Roseville			tate ∕∕II	Zip Code 48066			Amount of Each Disbursement this Per
	Purpose of Disbu	ırsement					011	5000.00
	Candidate Name SANDER M MI		1 5				tegory/ ype	_
	Office Sought:	X House Senate President		nent For: Primary Other (sp	2010 X General ecify) ▼			
	, ,	District: 12 First, Middle Initial) IR. MCMAHON						Transaction ID: SB23.13880 Date of Disbursement
	Mailing Address	66 Arnold Stre	et					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Staten Island			tate NY	Zip Code 10301			Amount of Each Disbursement this Per
	Purpose of Disbu contribution	rsement					011	5000.00
	Candidate Name MICHAEL E. M	IR. MCMAHON					tegory/ ype	
	Office Sought: State: NY	X House Senate President District: 13		nent For: Primary Other (spe	2010 X General ecify) ▼			
		First, Middle Initial)	1					Transaction ID: SB23.13639 Date of Disbursement
	Mailing Address	12946 E. Belch	ner St.					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Norwalk			tate CA	Zip Code 90650			Amount of Each Disbursement this Per
	Purpose of Disbu contribution	rsement					011	5000.00
	Candidate Name GRACE NAPC		_				tegory/ ype	
	Office Country	χ House	Disbursen	nent For:	2010			
	Office Sought:	Senate President		Primary Other (sp	X General ecify) ▼			

SCHEDIII E B (FEC Form 3Y)

Purpose of Disbursement contribution Candidate Name Disbursement For:	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE	
Transaction ID: SB23.13576		Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET SE City State Zip Code WASHINGTON DC 20003 Purpose of Disbursement contribution Candidate Name Office Sought: House Senate President State: District: Recount Full Name (Last, First, Middle Initial) WILLIAM OWENS Office Sought: X House Disbursement For: 2010 Purpose of Disbursement Contribution Candidate Name Office Sought: X House President NY 12901 Purpose of Disbursement Tor: 2010 City Plattsburgh NY 12901 Purpose of Disbursement Tor: 2010 Category' Type Office Sought: X House President NY 12901 Purpose of Disbursement Tor: 2010 Category' Type Office Sought: X House President NY 12901 Purpose of Disbursement Tor: 2010 Category' Type Office Sought: X House President NY 12901 Per (Specify) ▼				
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET SE City WASHINGTON DC 20003 Purpose of Disbursement contribution Candidate Name Office Sought: President State: District: President State: District: President Senate Primary General NY 12901 City State Zip Code Primary General NY 12901 City Senate Primary General NY 12901 City Senate Primary State Zip Code NY 12901 Condidate Name WILLIAM OWENS Full Name (Last, First, Middle Initial) Purpose of Disbursement contribution Candidate Name WILLIAM OWENS Office Sought: House Senate Primary X General Other (specify) ▼ State: NY District: 23 Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC) Mailing Address 7804 EVENING LANE City ALEXANDRIA VA 22306 City ALEXANDRIA VA 22306 City ALEXANDRIA VA 22306 City Senate President Contribution Candidate Name Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ State Zip Code VA 22306 City ALEXANDRIA VA 22306 City ALEXANDRIA VA 22306 City Senate President Contribution Candidate Name Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Subtrotal of Disbursement For: 2010 Primary X General Other (specify) ▼ Subtrotal of Disbursement State: District: State: District: District: Primary X General Other (specify) ▼ Subtrotal of Disbursement State: Disbursement For: 2010 Primary X General Other (specify) ▼ Subtrotal of Disbursements This Page (optional) Primary X General Other (specify) ▼	1 \			
City WASHINGTON Purpose of Disbursement contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) WILLIAM OWENS Malling Address Amount of Each Disbursement this P. Transaction ID: SB23.13600 Date of Disbursement Other (specify) Purpose of Disbursement Contribution Candidate Name Vill LiAM OWENS Office Sought: X House Senate President NY 12901 Purpose of Disbursement Contribution Office Sought: X House Senate President Senate President Senate President Senate President Senate President State: NY District: Senate President Senate Pre		ONAL COMMITTEE		Date of Disbursement
Purpose of Disbursement contribution Candidate Name Office Sought: House President Recount State: District: Recount Full Name (Last, First, Middle Initial) WILLIAM OWENS Mailing Address 42 Blue Heron Way City Plattsburgh NY 12901 Purpose of Disbursement For: 2010 Date of Disbursement In 10 M 2 6 7 2 6 1 2 0 1 1 2 0 1 1 2 0 1 1 2 0 1 1 1 1 1	Mailing Address 320 FIRST STREET S	E		21 2010
Office Sought:				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Primary General Primary General Primary General Primary General Recount Full Name (Last, First, Middle Initial) WILLIAM OWENS Mailing Address 42 Blue Heron Way City State Zip Code Plattsburgh NY 12901 Purpose of Disbursement contribution Candidate Name WILLIAM OWENS Office Sought: House Primary X General Primary X General President State: NY District: 23 Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC) Mailing Address 7804 EVENING LANE City ALEXANDRIA VA 22306 Purpose of Disbursement contribution Candidate Name Office Sought: House Primary X General P	contribution			15000.00
Full Name (Last, First, Middle Initial) WILLIAM OWENS Mailing Address 42 Blue Heron Way City Plattsburgh Ny 12901 Purpose of Disbursement contribution Candidate Name WILLIAM OWENS Office Sought: State: NY District: 23 Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC) Mailing Address 7804 EVENING LANE City ALEXANDRIA Office Sought: House Senate Purpose of Disbursement VA 22306 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) Transaction ID: SB23.13600 Date of Disbursement this Page (optional) Amount of Each Disbursement this Page (optional) Transaction ID: SB23.13577 Date of Disbursement Transaction ID: SB23.13577 Date of Disbursement ID: SB23.13577 Date of Disbursement ID: SB23.13577 Date of Disbursement Transaction ID: SB23.13577 Date of Disbursement ID: SB23.13577 Date of Disbursement ID: SB23.13577 Date of Disbursement Transaction ID: SB23.13577 Date of Disbursement ID: SB23.13577 Date of Disbursement Transaction ID: SB23.13577 Date of Disbursement ID: SB23.13577 D	Office Sought: House Disbut	Primary General		
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Plattsburgh NY 12901 Purpose of Disbursement contribution Candidate Name WILLIAM OWENS Office Sought:	Mailing Address 42 Blue Heron Way			$\begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} 0 \begin{smallmatrix} M \\ \end{smallmatrix}] \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ 2 \end{smallmatrix} 6 \\ \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \begin{smallmatrix} Y \\ 1 \end{smallmatrix} 0 \begin{smallmatrix} Y \\ \end{smallmatrix}]$
Contribution Candidate Name WILLIAM OWENS Office Sought:	Plattsburgh			Amount of Each Disbursement this Period
Office Sought:	contribution Candidate Name		Category/	1000.00
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC) Mailing Address 7804 EVENING LANE City State Zip Code VA 22306 Purpose of Disbursement contribution Candidate Name Office Sought: House Senate Primary X General Primary X General Primary X General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: X House Disbut Senate President	Primary X General	Туре	
City ALEXANDRIA VA 22306 Purpose of Disbursement contribution Candidate Name Office Sought: House President President State: District: SUBTOTAL of Disbursements This Page (optional) Amount of Each Disbursement this Page (optional) Amount of Each Disbursement this Page (optional) 5000.00 Amount of Each Disbursement this Page (optional) 5000.00 5000.00 Category/ Type Other (specify) Type 21000.00	PEOPLE FOR ENTERPRISE TRADE AN	ND ECONOMIC GROWTH	I (PETE	Date of Disbursement
ALEXANDRIA Purpose of Disbursement contribution Candidate Name Office Sought: House Senate Primary X General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Mailing Address 7804 EVENING LANE			
Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) 011 Category/ Type Other (specify) ▼ 21000.00				Amount of Each Disbursement this Period
Office Sought: House Senate Primary X General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	contribution			5000.00
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary X General		
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SCHEDULE B (FEC Foi FEMIZED DISBURSEM	ENTS Use for e	separate schedule each category of the	(check o	NE NUMBER: PAGE 144 / 149 pnly one)
		ailed Summary Pag	27	28a 28b 28c 29
				on for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initi PETE SESSIONS FOR CON	•			Transaction ID: SB23.13578 Date of Disbursement
Mailing Address PO Box 82	3047			10 25 / 2010
City Dallas	State TX	Zip Code 75382		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			011	5000.00
Candidate Name PETE SESSIONS			Category/ Type	
Office Sought: X House Senate President	Disbursement F Prima Other		al	
State: TX District: 32 Full Name (Last, First, Middle Initi.				
CHARLES B RANGEL	ai)			Transaction ID: SB23.13635 Date of Disbursement
Mailing Address 193 LENOX	X AVENUE			10 26 7 2010
City NEW YORK	State NY	Zip Code 10026		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			011	5000.00
Candidate Name CHARLES B RANGEL			Category/ Type	
Office Sought: X House Senate President State: NY District: 15	Disbursement F Prima Other			
Full Name (Last, First, Middle Initi SILVESTRE REYES	al)			Transaction ID: SB23.13879 Date of Disbursement
Mailing Address 732 Azalea				10 M / D 26 / Y Y Y Y Y
City El Paso	State TX	Zip Code 79922		Amount of Each Disbursement this Period
Purpose of Disbursement contribution	1/1		011	5000.00
Candidate Name SILVESTRE REYES			Category/ Type	
Office Sought: X House Senate	Disbursement F			
President		(Spoon)/		
State: TX District: 16				

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	EMIZED DISBURSEMENTS	for each	category of the ´ Summary Page	(check only 21b 27	y one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
<u>/</u>	Full Name (Last, First, Middle Initial) MARCO RUBIO				Transaction ID: SB23.13574 Date of Disbursement
	Mailing Address 2030 SOUTH DOUGLA	S ROAD			10 15 7 2010
	City CORAL GABLES	State FL	Zip Code 33134		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution			011	5000.00
	Candidate Name MARCO RUBIO		2010	Category/ Type	
	X Senate President	sement For: C Primary Other (spe	2010 General		
	State: FL District: 00 Full Name (Last, First, Middle Initial) MARCO RUBIO				Transaction ID: SB23.13582 Date of Disbursement
	Mailing Address 2030 SOUTH DOUGLA	S ROAD			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^{M}\end{smallmatrix}] \ \begin{smallmatrix}D\\2\end{smallmatrix}0^{D} \ \begin{smallmatrix}Y\\2\end{smallmatrix}0^{Y}1^{Y}$
	City CORAL GABLES	State FL	Zip Code 33134		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	5000.00
	contribuition				
	contribuition Candidate Name MARCO RUBIO			Category/ Type	
	Candidate Name MARCO RUBIO Office Sought: House X Senate President Disburs	ement For: Primary Other (spe	2010 X General ecify)	Category/	
	Candidate Name MARCO RUBIO Office Sought: House X Senate Disburs	Primary	X General	Category/	Transaction ID: SB23.13588 Date of Disbursement
	Candidate Name MARCO RUBIO Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial)	Primary	X General	Category/	
	Candidate Name MARCO RUBIO Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) LORETTA SANCHEZ	Primary	X General	Category/	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name MARCO RUBIO Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) LORETTA SANCHEZ Mailing Address 1212 S. Victory Blvd.	Primary Other (spe	X General ecify) ▼ Zip Code	Category/	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name MARCO RUBIO Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) LORETTA SANCHEZ Mailing Address 1212 S. Victory Blvd. City BURBANK Purpose of Disbursement	Primary Other (spe	X General ecify) ▼ Zip Code	Category/ Type	Date of Disbursement M M / D D D / Y Y Y D D O D Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN		-	R:			PA	GE	146	/ 149	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page				21b 27	F	22 28a	X	23 28b	П	24 28c	Н	25 29	26 30	
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NAME OF COMMITTEE (In Full)	and addres	33 of any political	COII			JOHO	it conti	ibuti	10113 111	OIII 3	Suci i C	OHIII	inticc		_
BORDER HEALTH FEDERAL PAC															
Full Name (Last, First, Middle Initial) JOHN MCKEE JR HON SPRATT								of Di	isburs	eme	_				
Mailing Address 233 KINGS MOUNTAIN	ST						1 ^M 0	М	[/] 2	2 6	/ Y	ž	0 i 0) ^Y	
•	State SC	Zip Code 29745					Amou	nt o	f Each	Dis	burser	-			_
Purpose of Disbursement contribution				_)11			0				25	00.00)	
Candidate Name JOHN MCKEE JR HON SPRATT					tegory/ ype										
Office Sought: X House Senate President State: SC District: 05	ment For: Primary Other (spe	2010 X General cify) ▼													
Full Name (Last, First, Middle Initial)						+	Trans	acti	on ID:	. 0	B23 -	125	83		_
GENE MR. TAYLOR							Date o	of Di	isburs	eme	_				
Mailing Address 814 N. Beach Blvd.							1 1	М	[′] 0	1	/ Y	ž	0 1 C) Y	
,	State MS	Zip Code 39520					Amou	nt o	f Each	Dis	burser	nen	t this f	Period	_
Purpose of Disbursement contribution				()11			0				10	00.00)	
Candidate Name GENE MR. TAYLOR					tegory/ type										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General cify) ▼													
State: MS District: 04 Full Name (Last, First, Middle Initial)							T		ID		D00 -		0.4		_
HARRY TEAGUE									isburse	_	_			V	
Mailing Address 819 EAST PINON							1 1			1		2	0 i ()	
	State NM	Zip Code 88240					Amou	nt o	f Each	Dis	burser	-			
Purpose of Disbursement contribution				()11			-	-			25	00.00)	
Candidate Name HARRY TEAGUE				a	egory/ ype										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General cify) ▼													
State: NM District: 02	(-1	· · ·													_
SUBTOTAL of Disbursements This Page (optional) .					•							600	00.00)	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 147 / 149 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) BENNIE G. THOMPSON		Transaction ID: SB23.13597 Date of Disbursement
Mailing Address P.O. Box 100		10 M / D 2 6 / Y 2 0 1 0 Y
City Bolton	State Zip Code MS 39041	Amount of Each Disbursement this Period
Purpose of Disbursement contribution		011
Candidate Name BENNIE G. THOMPSON		tegory/ Type
Office Sought: X House Disb Senate President	ursement For: 2010 Primary X General Other (specify) ▼	
State: MS District: 02 Full Name (Last, First, Middle Initial)		T D ODGG 10001
CHRIS VAN HOLLEN		Transaction ID: SB23.13631 Date of Disbursement
Mailing Address 10537 St. Paul Street		10 M / D 2 6 / Y 2 0 1 0 Y
City Kensington	State Zip Code MD 20895	Amount of Each Disbursement this Period
Purpose of Disbursement contribution		011
Candidate Name CHRIS VAN HOLLEN		ttegory/ Type
Office Sought: X House Senate President State: MD District: 08	ursement For: 2010 Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) NYDIA M. VELAZQUEZ		Transaction ID: SB23.13589 Date of Disbursement
Mailing Address 315 Inspiration Lane		111 M / D D D / Y 2 D 1 O Y
City Gaithersburg	State Zip Code MD 20878	Amount of Each Disbursement this Perio
Purpose of Disbursement contribution		011
Candidate Name NYDIA M. VELAZQUEZ		ategory/ Type
Office Sought: X House Senate President	ursement For: 2010 Primary X General Other (specify) ▼	
State: NY District: 12	() V	
SUBTOTAL of Disbursements This Page (option	nal)	11000.00
TOTAL This Period (last page this line number of	-	162500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 148 / 149

FOR LINE NUMBER:

Ex

Excluding Loans		for each numbered line	e) (check only one)	9 X 10			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				121 10			
A. Full Name (Last, First, Middle Initial) of Debtor AC Rentals		Nature of Debt (Purpose): rental space					
Mailing Address PO Box 2673							
City State McAllen TX	ZIP Code 78502						
Outstanding Balance Beginning This Period		-	Transaction ID: SD10.955	3			
900.00							
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of Thi	is Period			
0.00	0.00		90	00.00			
B. Full Name (Last, First, Middle Initial) of Debtor AC Rentals	or Creditor	Nature o	of Debt (Purpose): space				
Mailing Address PO Box 2673							
City State McAllen TX	ZIP Code 78502						
Outstanding Balance Beginning This Period		-	Transaction ID: SD10.100	53			
900.00							
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of Thi	is Period			
0.00	0.00		90	00.00			
1) SUBTOTALS This Period This Page (optional)		•	1800.00				
2) TOTALS This Period (last page this line number of	only)	_ >	1800.00				
3) TOTAL OUTSTANDING LOANS from Schedu	lle C (last page only)	>	0.00				
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	- b	1800.00				

 $\textbf{A.} \ \ \, \text{Form/Schedule}: \ \, \textbf{SD10}$ rent expenditure for office for 1st quarter of 2009 incurred but not paid.

B. Form/Schedule: SD10

Transaction ID: SD10.10053

Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.